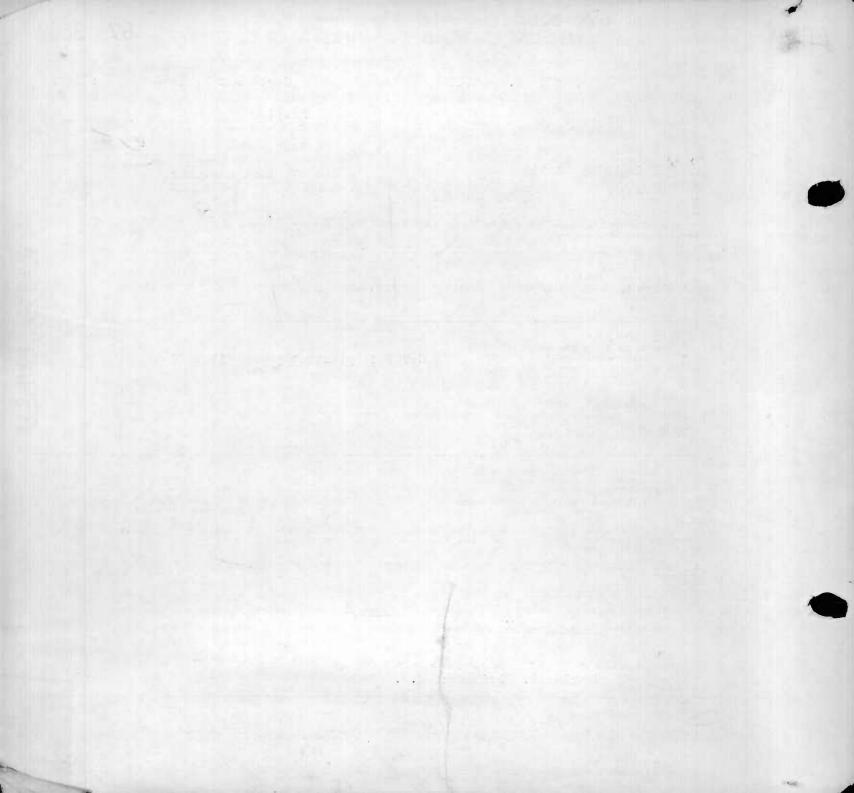


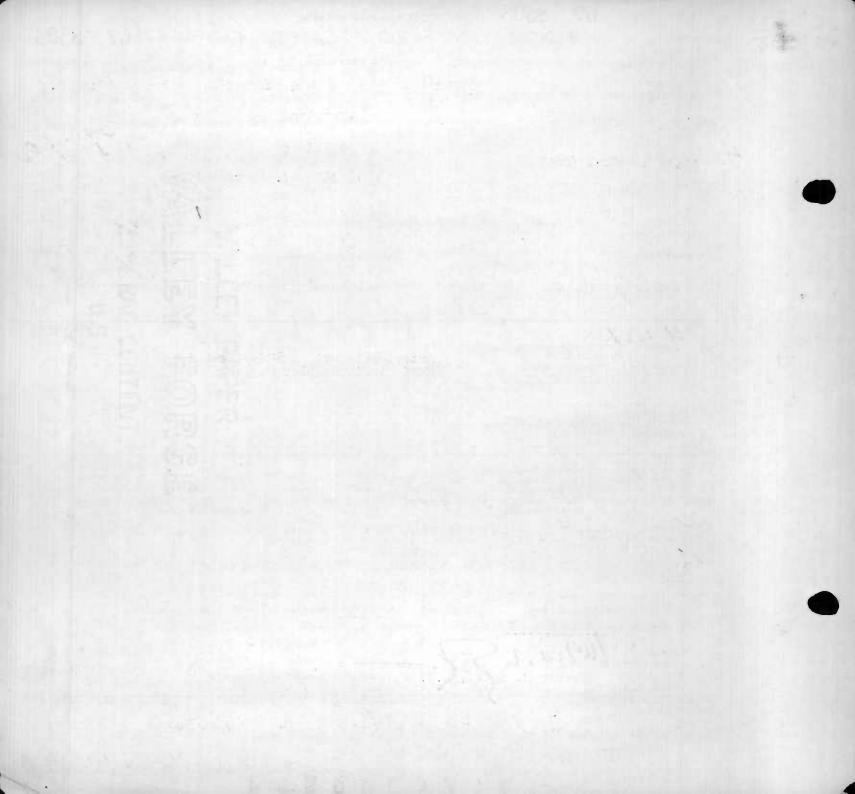
| 3             | TH NO.  | MEDICAL EX  | AMINER 3 CI  | EKTIFICATE  | DEATH Registered in                             | 0);  |  |  |
|---------------|---|---|--|---|---|--|--|--|
| -             | E. CASE NO.   |   |  |   |   | 4.00   |  |  |
|               | Pe or Print)  | JAMES S. H  | IARRIS   |   | ptember 3, 1967                                 | 4:30 A.  |  |  |
| 3. F          | PLACE IN BALTIMORE, MAR   | LAND, WHERE PRONOL                                      | JNCED DEAD   | 4. USUAL RESIDENCE (V   | Where deceosed lived, If institution: B, COUNTY | residence before odmission)                        |  |  |
| HO            | LL NAME OF (IF NOT I<br>SPITAL OR ADDRESS   | IN HOSPITAL OR INSTITUTE OR LOCATION)                   | JTION, GIVE STREET                                 | C. CITY OR TOWN (IF   | rland outside corporote limits, write JURA      | 1  |  |  |
| ,             | 3 Vuniversit  | y Hospital  |  | Baltimore  D. STREET ADDRESS (If rurol, give locotion)  924 Harlem Avenue |   |  |  |  |
| 5. 9          | Male Negro  |   | NEVER MARRIED<br>DIVORCED (specify)                | B. DATE OF BIRTH  | 9. AGE (In years If U Mon                       | nder 1 Yr. If Under 24 Hrs.<br>ths Doys Hours Min. |  |  |
|               | USUAL OCCUPATION Give during most of working life, eve  |   | BUSINESS OR INDUSTRY                               | 11. BIRTHPLACE (State or  |   | TIZEN OF   |  |  |
| 13.           | FATHER'S NAME   | ion   |  | Made:   | 1fares  | 11.614   |  |  |
|               | was deceased ever in Us, no or unknown) (If yes, give   |   | 16. SO CIAL<br>SECURITY NO.                        | TRAMPORMANT HOLLING H   | )   | RESS   |  |  |
|               | 18. LL 2 11 11  |   | CAUSE  | OF DEATH  | wwo pour  | INTERVAL BETWEEN ONSET AND DEATH                   |  |  |
| CERTIFICATION | (This does not meon the heart failure, astheria, etc. injury or complication white the complication of the complication of the complication of the complete | CAUSES ONS, IF ANY, GIVING USE (A) STATING THE ON LAST. | (B)  |   | and dilatation                                  |  |  |  |
| CERT          | 19A. DATE OF OPERATION  | 19B. CONDITION FOR Y                                    | WHICH OPERATION                                    | Yes   | IN CERTIFYING CAUSES OF YES                     | S CONSIDERED F DEATH?                              |  |  |
| MEDICAL       | 21A, EXTERNAL CAUSE WA<br>UNDERLYING OR CONTRIB<br>UTING CAUSE OF DEATH   | - home  | PLACE OF INJURY (e.g.,<br>form, foctory, street, o | in or obout 21 C. WHERE   | DID (If in Boltimore City, give exc             |  |  |  |
| Σ             | 21 D TIME (Month) (D<br>OF INJURY<br>(APPROX.)  |   | WHILE AT NOT AT W                                  | WHILE   | NJURY OCCUR?                                    |  |  |  |
|               | ACTUAL SIGNATURE  |   | Accident Suicid                                    | e Hamicide  |   | DATE SIGNED tember 3, 1967                         |  |  |
| RE            |   | 2-7-67<br>DEPT.  288, NAME                              | C. NAME OF CEMETERY OF REGISTRAR                   | CREMATORY   | 23D. LOCATION (City, town,                      | or county (State)  ADDRESS                         |  |  |
| 245           | SEP 6 19  | 67 0 0 6 8  | Farberma L   | Elioy Oresi   | Gon Jon Bras                                    | steephe  |  |  |
| VS            | 151-REV. 1/1/65   | . 13  | 1 1 1  | - 10 F  | ) ()  | /  |  |  |



67 8503 BALTIMORE CITY HEALTH DEPARTMENT

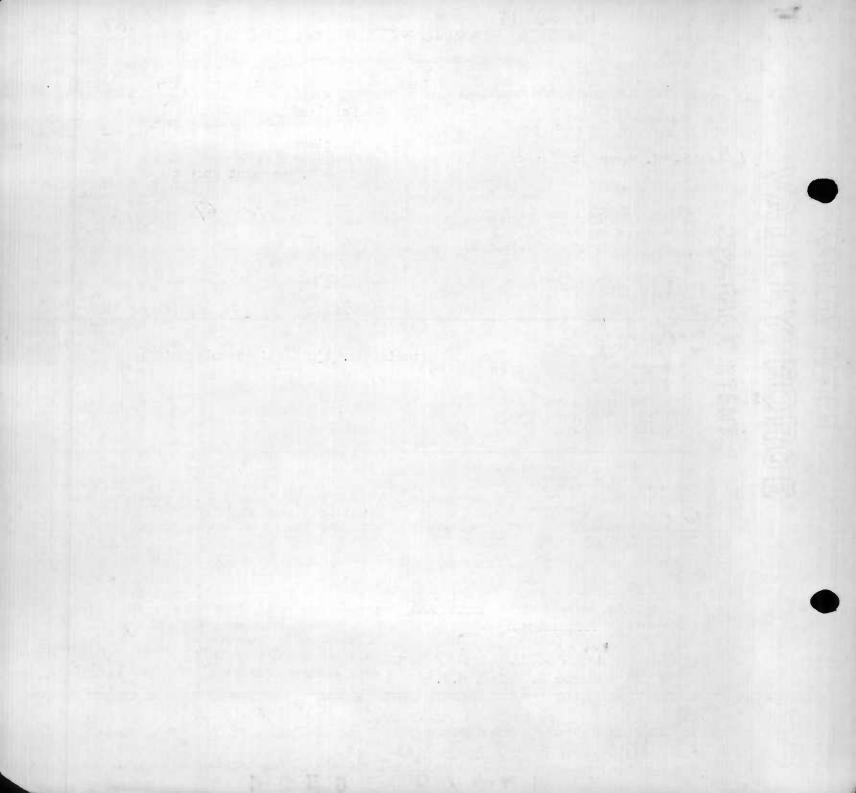
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 8503

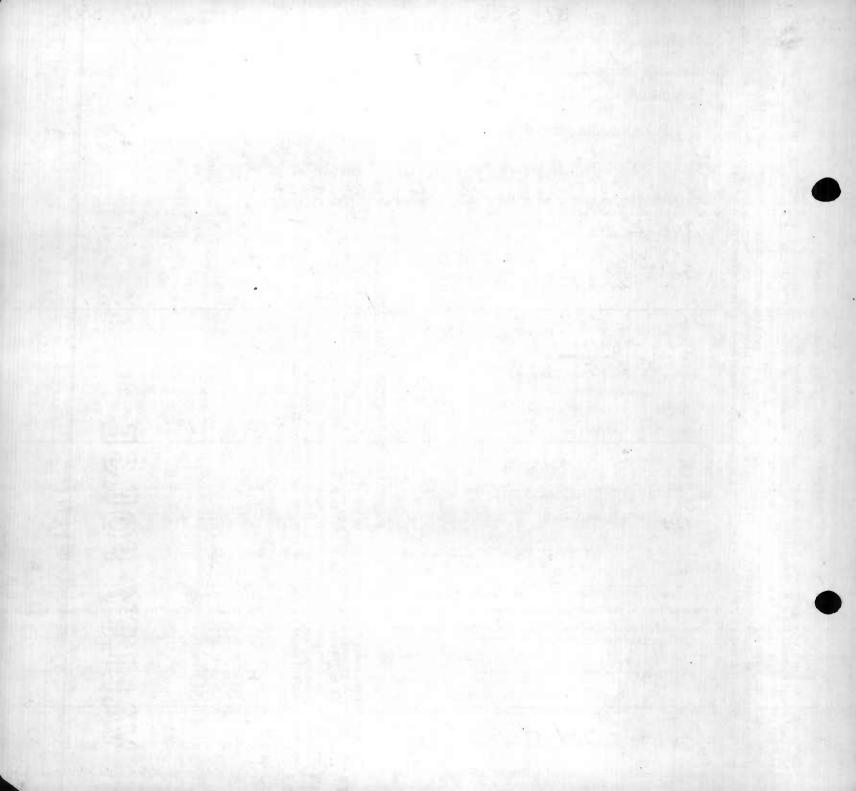
| M.E. CASE NO.                |                     |              |                          |                     |                        |  |   |
|------------------------------|---------------------|--------------|--------------------------|---------------------|------------------------|--|---|
| 1. NAME OF DECEASE           | D                   |              |                          |                     | 2. DATE AND HO         | UR PRONOUNCED D                          | EAD                                     |
| DANIEL                       |                     |              | SHORT                    |                     | September              | 5. 1967                                  | 12:30 P. M.                             |
| 3. PLACE IN BALTIMOR         | E, MARYLAND, W      | HERE PRONOU  |                          | 4. USUAL RESIG      |                        | sed lived. If institution                | n: residence before odmission)          |
|                              |                     |              |                          | A. STATE Mary]      | and                    | B. COUNTY                                |   |
|                              | F NOT IN HOSPITA    |              | TION, GIVE STREET        |                     |                        | prote limits, write RUR                  | AL and give township)                   |
| INSTITUTION                  | DDRESS OR LOCA      | (IION)       |                          |                     |                        | P  | 7-1/-                                   |
| 20                           |                     |              |                          | Balti               |                        |  | 110                                     |
| Sinai Hosp                   | ital (DOA)          |              |                          | D. STREET ADD       | RESS (If rurol, give I | ocotion)                                 |   |
| 9                            |                     |              |                          | 3420                | St. Ambro              | se Avenue                                |   |
| 5. SEX 6. RA                 | CE                  |              | NEVER MARRIED            | 8. DATE OF BIRT     |                        |  | Under 1 Yr. If Under 24 Hrs.            |
| 2                            |                     | WIDOWED, D   | OIVORCED (specify)       | 10/ 5               | - 62                   |  | onths Doys Hours Min.                   |
| Male Ne                      | gro                 |              |                          | 1000.               | 0 / 1903               | 67                                       |   |
| done during most of working  |                     | IOS. KIND OF | BUSINESS OR INDUSTR      | 111. BIRTHPLACE     | (State or foreign cour |  | CITIZEN OF<br>WHAT COUNTRY?             |
|                              |                     |              |                          | 200                 | Ih (Aro                | LINE 1                                   | 1. 5 A.                                 |
| 13. FATHER'S NAME            | -                   |              |                          | 14. MOTHER'S N      |                        |  | *************************************** |
| 10 1                         | . /                 | 1 251        | Sin                      | 11                  | 11 :0 W                | 10                                       |   |
| 15. WAS DECEASED EV          | ER IN II C ARAGE    | FORCESS      | 16, SO CIAL              | 17. INFORMANT       | 1110/1                 | HE AD                                    | DRESS                                   |
| (Yes, no or unknown) (If ye  |                     |              | SECURITY NO.             | IV. INFORMANT       |                        | A D                                      | DKE33                                   |
| 1/1                          |                     |              |                          |                     |                        |  |   |
| 1B.                          |                     |              | CALISI                   | OF DEATH            |                        |  | INTERVAL BETWEEN                        |
| 443                          | X                   |              | CAUSI                    | OI DEATH            |                        |  | ONSET AND DEATH                         |
| DISEASE OF                   | CONDITION DI        | RECTLY       |                          | 4                   |                        |  |   |
|                              | DING TO DEATH       |              | Arterio                  | sclerotio           | and Hyper              | tensive                                  | 000000000000000000000000000000000000000 |
| heart failure, asthe         | enio, etc. It meons | the discose, | XXXXXX Ca                | irdiovascu          | llar Diseas            | e  |   |
| injury or complico           | tion which coused   | deoin.)      |                          |                     |                        |  |   |
| ANTEC                        | CEDENT CAUSES       | S            |                          |                     |                        |  |   |
|                              | ONDITIONS, IF A     |              | (B)                      |                     |                        | ***************************************  |   |
| RISE TO THE ABO              | OVE CAUSE (A) ST    |              | 002.10                   |                     |                        |  |   |
| _                            | ONDITION LAST.      |              | (C)                      |                     |                        |  |   |
| <u>ō</u>                     | 11                  |              |                          |                     |                        |  |   |
| OTHER SIGNIFICATION THE DEAT | ANT CONDITIONS      | CONTRIBUTIN  | IG                       |                     |                        |  |   |
|                              | H BUT NOT RE        | LATED TO TH  |                          |                     |                        |  |   |
| DISEASE OR COM               | NDITION CAUSING     |              |                          |                     |                        |  |   |
| DISEASE OR COM               | WAS PER             |              | VHICH OPERATION          | 20A. AUTOPS         |                        | F YES, WERE FINDIN<br>ERTIFYING CAUSES O | OF DEATH?                               |
|                              |                     |              |                          | Ye                  | es                     |  | Yes                                     |
| VIA, EXTERNAL CA             |                     | 21 B. F      | form, foctory, street,   | in or obout 21 C.   | WHERE DID (If in E     | Boltimore City, give ex                  | (oct location)                          |
| UNDERLYING OR OF             |                     | etc.)        | Tollin, Tocioty, Sileel, | omee drug., 1143 OK | I OCCOR:               |  |   |
| 2                            |                     |              | C INTILIAN OCCUPATO      | 015 11              | OW DID INTUING         | 0.01100                                  |   |
| OF INJURY                    | nth) (Doy) (Year    | r) (Hour) 21 | E. INJURY OCCURRED       | 21F. H              | OW DID INJURY O        | CCUR?                                    |   |
| (APPROX.)                    |                     | m. W         | HILE AT NOT              | WHILE               |                        |  |   |
| 22.                          |                     |              |                          |                     |                        |  |   |
| certify t                    | hot I held an I     | nquiry 🔲     | Inspection Au            | topsy X an          | id that on this bas    | sis, death In my ap                      | olnlan                                  |
| resulted f                   | ram: Natural ca     | uses X A     | ccident Suicio           | e Homic             | ide Undet              | ermined manner                           |   |
|                              | Tuck                |              |                          |                     | EDICAL EXAMIN          |  |   |
| ACTUAL                       | 1119                | 010          |                          |                     |                        | Comm                                     | DATE SIGNED                             |
| SIGNATURE.                   | 1000                | 74.          | ) M.D                    | •                   | MEDICAL EXAMIN         |  | 0/5/67                                  |
| EXAMINER'S<br>NAME (Type)    | Werner              | r U. Spi     | tz, M.D.                 | ASSOCIATE !         | MEDICAL EXAMIN         | NER _                                    | 9/5/67                                  |
| 23A, BURIAL CREMATIC         | ON, 23B. DATE       | 230          | NAME OF CEMETERY         | CREMATORY           | 23D. LOCAT             | ION (City, town                          | n, or county) (State)                   |
| REMOVAL (Specify)            | 0 11                | 19           | 1.10                     | M. 1                | 1 1                    | -1.4                                     | md.                                     |
| Burial                       | - 7-11-             | 10/          | Hrbulus                  | Kren.               | ALPA /                 | PULUS                                    | 1000                                    |
| 24A. DATE REC'D BY H         | EALTH DEPT.         | 24B, NAME    | OF REGISTRAR             | 24C. FUNEI          | RAL DIRECTOR           | . 1                                      | ADDRESS                                 |
| SI                           | EP 6 1967           | (R. O. )     | & E. Farbey Mi           | 1 1-1               | 1                      | 1.11                                     | Las Brown Flore A                       |
|                              | W1 0 1001           | 1000         |                          | - h                 | 10y U - 1              | NIFOM,                                   | 100010111111111111111111111111111111111 |
| VS 151-REV. 1/1/65           |                     | de           |                          | - AN E              | 7 10 13                |  |   |



## 67 8504 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8504

| M.E. CASE NO.  |  |
|--|--|
| 1. NAME OF DECEASED (Type or Print)  | 2. DATE AND HOUR PRONOUNCED DEAD   |
|  | ARK September 5, 1967   5:30 A. M.   |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD   | A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY   |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STR  | Maryland   |
| HOSPITAL OR ADDRESS OR LOCATION)   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)   |
|  | Baltimore / / 2  |
| 1240 E. Monument Street  | D. STREET ADDRESS (If rurol, give locotion)  |
|  | 1240 E. Monument Street  |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED   |  |
| WIDOWED, DIVORCED (specify   | y) Months, Doys, Hours, Min.   |
| Male Negro  10A. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR IN  | NDUSTRY 11. SIRTHPLACE (Stote or foleign country) 12. CITIZEN OF   |
| done during most of working life eyen if retired?  | MAT COUNTRY  |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |
| 1. 1. 1. 1.  | The state of the s |
| Arent Carl   | Boya / nondle  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SO CIAL   (Yes, no or unknown) (If yes, give wor or dotes of service)   SECURITY NO        | D. 17. INFORMANT   |
| MA   | Such Walk Sund   |
| 118.   | CAUSE OF DEATH INTERVAL BETWEEN  |
| DISEASE OR CONDITION DIRECTLY  | ONSET AND DEATH  |
|  | teriosclerotic Cardiovascular Disease  |
| (This does not meen the mode of dying, e.g., heart failure, asthemia, etc. It means the disease, injury or complication which coused death.) |  |
| ANTECEDENT CAUSES  |  |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  (B)  DUE 1  | 0  |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |  |
|  |  |
| 2  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  |  |
| DISEASE OR CONDITION CAUSING IT.   |  |
| 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATIO   |  |
| WAS PERFORMED  | NO IN CERTIFYING CAUSES OF DEATH?  |
| 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJUI  | RY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)   |
| UNDERLYING OR CONTRIB-   | steet, office bldg., INJURY OCCUR?   |
| 5  | CURRED 21F, HOW DID INJURY OCCUR?  |
| OF INJURY  |  |
| (APPROX.) WHILE AT   | NOT WHILE AT WORK  |
| 22. I certify that I held an Inquiry Inspection  | Autopsy and that an this basis, death In my aplnian  |
| resulted fram: Natural causes X Accident   | Suicide Hamleide Undetermined manner   |
| Accident   | CHIEF MEDICAL EXAMINER   |
| ACTUAL MOCA S  | DATE SIGNED  |
| SIGNATURE MUSICS L.  | M.D. ASSISTANT MEDICAL EXAMINER X  |
| EXAMINER'S Werner U. Spitz M.D.  | ASSOCIATE MEDICAL EXAMINER 9/5/67  |
| NAME (Type)  | AETERY or CREMATORY 23D. LOCATION (City, town, or county) (Syste)  |
| REMOVAL (Specify)  | 1 A Par I A Country (Signer)   |
| Bune 9-1-67 mt   | aboy al mokem for  |
| 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR   | 24. FUNERAL DIRECTOR ADDRESS   |
| SEP 6 1967 Robert E. Farley  | MA SO, MIL O WOLD IN IN IN   |
| VS 151-BEV 1/1/45  | recognition on santya  |

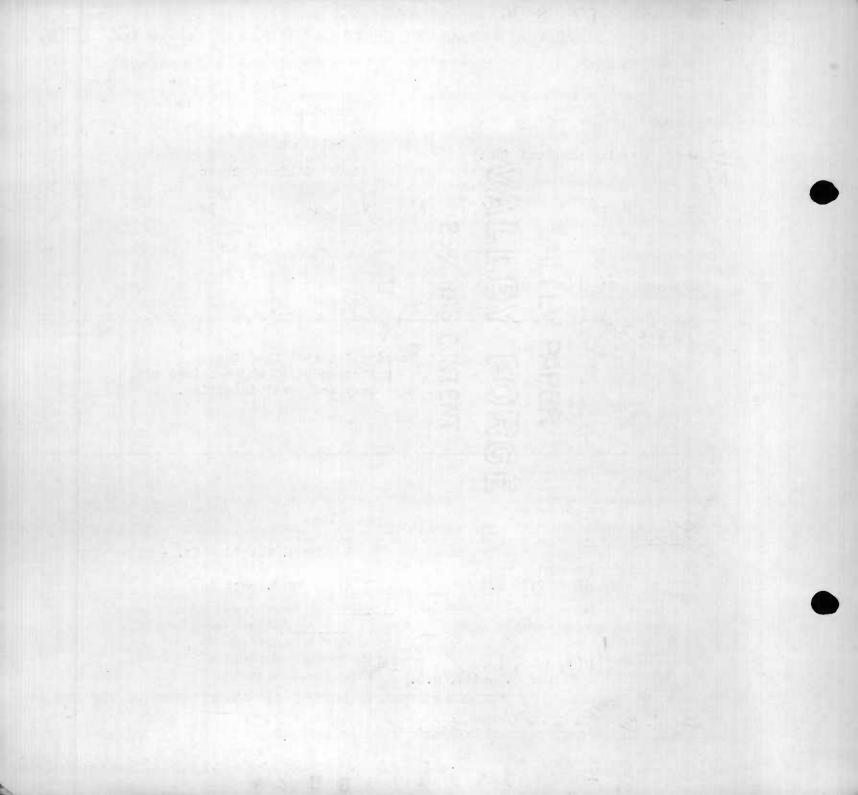




67 8506 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N67 8506

| 1. NAME OF DECEASED  |  |                    | 2. DATE AND HOUR PRONOUNCE                  | DEAD                               |
|--|--|--------------------|---|------------------------------------|
| LEONARD  | ROGERS   |                    | August 26, 1967                             | 17:20 P. M.                        |
| 3. PLACE IN BALTIMORE, MARYLAND, W   | HERE PRONOUNCED DEAD   | 4. USUAL RESIDE    | NCE(Where deceased lived, If institu        | ution: residence before admission) |
| FILL MAAR OF UP NOT IN HOSPIT  | AL OR INSTITUTION CIVE STREET  | A. STATE<br>Maryla | nd B. COUN                                  | 1 6 7                              |
| HOSPITAL OR ADDRESS OR LOCA  | AL OR INSTITUTION, GIVE STREET   |                    | N (If outside corporate limits, write-      | RURAL and give township            |
| INSTITUTION  |  | Balti              | more  | -01                                |
| Johns Hopkins Hospi  | tal (DOA)  | D. STREET ADDR     | ESS (If rurol, give location)               |                                    |
| 0  |  | 1627 Mi            | lliman Street                               |                                    |
| 5. SEX 6. RACE   | 7. MARRIED, NEVER MARRIED  | 8. DATE OF BIRTH   |   | If Under 1 Yr. If Under 24 Hrs.    |
| Male Negro   | WIDOWED, DIVORCED (specify)  | Que 1/2            | 1914   ost birthdoy) 53                     | Months Doys Hours Min.             |
| 10A. USUAL OCCUPATION (Give kind of world  | TIOB TONO OF RUSINESS OR INDUSTRI  | YUT. SIRTHPLACE    |   | 12. CITIZEN OF                     |
| done during most of working life, even if retired)   |  | m                  | angland_                                    | WHAT COUNTRY?                      |
| 13. FATHER'S NAME  |  | 14. MOTHER'S MA    | AIDEN NAME                                  |                                    |
| 1/ nxu   | & wen  | 1/10               | Tudwn                                       |                                    |
| 15. WAS DECEASED EVER IN U.S. ARMED  |  | 17. INFORMANT      |   | ADDRESS                            |
| (Yes, no or unknown) (If yes, give wor or dote   | es of service) SECURITY NO.  | 811                | 1. 1. 11                                    | 2 7 milla: 1                       |
| I.B.   | CALLS  | E OF DEATH         | Haunders 16                                 | LINITEDVAL DETWEEN                 |
| 27011  |  | OF DEATH           |   | ONSET AND DEATH                    |
| DISEASE OF CONDITION DI<br>LEADING TO DEATH  | RECTLY   | irro Totovo        | al Diocdina                                 |                                    |
| (This does not mean the mode of  | (A) LICEDS.  |                    | al Bleeding                                 |                                    |
| heart failure, astheria, etc. It means<br>injury or complication which coused  | deoth./  |                    | d of abdomen involv                         | ring                               |
| ANTECEDENT CAUSE   |  | ntery and          | small intestine.                            |                                    |
| DISEASES OR CONDITIONS, IF A   | (B)  | •••••              |   |                                    |
| RISE TO THE ABOVE CAUSE (A) S'<br>UNDERLYING CONDITION LAST.   |  |                    |   |                                    |
|  | (C)  |                    |   |                                    |
| 1  |  |                    |   |                                    |
| OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE   | CONTRIBUTING   |                    |   |                                    |
| DISEASE OR CONDITION CAUSING   | G IT   |                    | ••••••                                      |                                    |
| OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING TOA. DATE OF OPERATION 198, CON WAS PER  |  | 20A. AUTOPSY?      | (Yes or No) 20B. IF YES, WERE FIN           |                                    |
|  |  | Yes                |   | Yes                                |
| ✓ 21 A. EXTERNAL CAUSE WAS<br>UNDERLYING TOR CONTRIB-  | 21B. PLACE OF INJURY (e.g., home, form, foctory, street,   | in or obout 21C. W | HERE DID (If in Boltimore City, give OCCUR? | exoct location)                    |
| DING CAUSE OF DEATH.   | etc.) Bar  | -00                | N. Caroline St                              | Silver Bar                         |
| TIP THE CONTRACT OF THE CONTRA | i) (Hour) 21E. INJURY OCCURRED   |                    | W DID INJURY OCCUR?                         | 10-031                             |
| (APPROX.) 8/26/67  | 7:20 P. WHILE AT NOT AT W  | WHILE X            | Subj. shot in bar                           | 10-0-0                             |
| 22.  |  | [PP]               | Baby. Bliod In Bar                          |                                    |
| I certify that I held an I   | nquiry Inspection Au   | topsy X ond        | that on this bosis, death in my             | opinion                            |
| resulted from: Natural co  | uses Accident Suicid   | le Homicia         | de X Undetermined monner                    |                                    |
|  |  |                    | DICAL EXAMINER                              | DATE SIGNED                        |
| SIGNATURE (LLL)  | 15 1- 7 1 MD   | ASSISTANT ME       | EDICAL EXAMINER                             | DATE SIGNED                        |
| = 14 = = 10  | er U. Spitz M.D.   |                    | EDICAL EXAMINER                             | 8/26/67                            |
| 23A. BURIAL CREMATION, 23B. DATE   | 23C. NAME OF CEMETERY  | CREMATORY          | 23D. LOCATION (City,                        | town, or county) (Stote)           |
| REMOVAL (Specify)  | 17m/1  | 1                  | B. it                                       | my                                 |
| pural 1-2-   | o lit. cul   | um                 | pallemas                                    | e 114.                             |
| 24A. DATE REC'D BY HEALTH DEPT.  | 24B. NAME OF REGISTRAR   | 24C. FUNERA        | DIRECTOR 1 11                               | ADDRESS                            |
| Amn a coord  | 000000000000000000000000000000000000000  | VIANI              | water Albill                                | 180 122.22 Med                     |
| VS 151-REV. 1/1/65 E) 6 196/   | The state of the s |                    | A willy your                                | 1100/11/14                         |



V.S. 153 9-12-67 M.H.

| 67 8508 BALTIMORE CITY HEA  |  |
|---|--|
| BIRTH NO. MEDICAL EXAMINER'S C  | CERTIFICATE OF DEATH Registered Na. 67 8508  |
| M.E. CASE NO.   |  |
| (Type or Print) SARAH GOLDINGER   | September 2, 1967 10:25 P.   |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) |
| INSTITUTION   | Baltimore 4-0/   |
| 207 W. Franklin Street  | D. STREET ADDRESS (If rural, give locofion)  207 W. Franklin Street  |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specily)  Female White   | 8. DATE OF BIRTH 9. AGE (In years lost birthday)  Unknown 60 If Under 1 Yr. If Under 24 Hrs. Manths, Days Hours, Min.  |
| 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work) 10B. KIND (Give kind of work) 10B. KIND (Give kind of work) 10B. KIND (Give kind of | RY 11. BIRTHPLACE (State or foreign country)  New Jersey  12. CITIZEN OF WHAT COUNTRY?  U. S. A.   |
| 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |
| Morris Goldinger  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO. 213-34-3053  | Ethel (last name unknown)  17.INFORMANT  Leonard Goldinger  Arlington, Va.   |
| 18, CAUS  | SE OF DEATH INTERVAL BETWEEN   |
| heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEIDENT · CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |  |
| 0   |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  |  |
| 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   | 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  |
| Q 21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, foctory, street, etc.)  | office bldg., INJURY OCCUR?  |
| OF INJURY (APPROX.) WHILE AT IN NOT   | O 21 F. HOW DID INJURY OCCUR?  |
|   | utapsy and that an this basis, death in my apinlan   |
| resulted from: Natural causes X Accident Suici  | de Hamicide Undetermined manner  |
|   | CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER September 3, 1967   |
| EXAMINER'S Charles S. Springate, M.D.   |  |
| 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)  | or CREMATORY 23 D. LOCATION (City, town, or county) (Stote)  |

Burial Sept. 5, 1967 National Capital Hebrew 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNE

Hillside, Maryland. Donald M. Stein Hebrew 232 Carroll St., N. W. Memorial Funeral Home Washington, D. C. تُد.

| BIRTH NO.                            | 67. 8  | CERTIFICA  | TE OF DE  | ATH Registere                           | d No. 67                        | 8509                | }          |
|--------------------------------------|--|--|---|---|---------------------------------|---------------------|------------|
| M.E. CASE NO.                        | 0 / 0 / 1 / 1 / 1  |  | 1:  | DATE AND HOUR OF D                      |                                 |                     |            |
| (Type or Print)                      |  | MRS. GERTR   |   | SEPT 3rd 19                             |                                 | 8.00                | A. M       |
|                                      | N BALTIMORE, MARYLAND  |  | A. STATE  | B. COUNTY  B. B. Baltimo                | 2                               | idence before o     | odmissian) |
| FULL NAME DE HDSPITAL DR INSTITUTION | (If not in haspital ar instituti<br>address or location)                             | an, give street  |   | 'N (If autside city limits,             | write RURAL and                 | give township)      |            |
|                                      | HOME AND HO  |  | D. STREET ADDR                                    | MORE - Dund                             | ion)                            | 53-0                | 0          |
|                                      | ROADWAY, BA  |  | 100   | MEADOW R.                               |                                 |                     |            |
| FEMALE 6. RA                         | WHITE WIDO   | WIDOWED .  OF BUSINESS OR INDUSTRY                                   |   | 1889 lost birthday                      |                                 | 1 Yr. If Under      | Min.       |
| done during most of working          | g lite, even if retired)   | HONE .   |   | YLAND.                                  |                                 | T COUNTRY?          | TATE       |
| HOUSE L                              | VIFC   |  | 14. MOTHER'S M                                    |   | ur                              | THED 3              | 1/11/2     |
| Casmir DON                           | HICK   | Ma   | gdalene   | ECKLELIT                                | 15                              |                     |            |
|                                      | in U. S. Armed Forces?<br>es, give war ar dotes af servi                             | ce) 1 6. SOCIAL<br>SECURITY NO.                                      | 17. INFORMANT                                     |   |                                 | Oo Frapp            |            |
| NO                                   |  | 219058566  |   | , Edward L.                             |                                 | 07.00               | ^          |
| DISEASE OF                           | CONDITION DIRECTLY   | CAUSE O  | F DEATH   |   |                                 | NTERVAL BETW        |            |
| LEA                                  | DING TO DEATH  | (A) Cer  | ebral   | Harriel                                 | nes (C)                         | 22                  | Mas        |
| heart failure, asth                  | tean the mode of dying,<br>enia, etc. It means the dise<br>tian which caused death.) | e.g.,  |   |   |                                 | , 34 1              |            |
|                                      | CEDENT CAUSES  | (B)  | parpampagas on troutes 800000 a 0000              |   |                                 |                     |            |
| DISEASES OR C                        | CONDITIONS, if any, gi   | DUE TO ving  |   |   |                                 |                     |            |
| rise to the at                       | oave cause (A) stating ONDITION last,  | the (C)  | \$44, m gg qm = = = = = = = = = = = = = = = = = = | •                                       |                                 |                     |            |
|                                      | 11   | Harristia  | 1   | Cardionas                               | andar)                          |                     |            |
| E TO THE DEATH                       | NT CONDITIONS CONTRIBUTED TO DITION CAUSING IT.                                      | TING 6'  |   | trial Fid                               |                                 | - yr                | -1         |
| 19A. DATE OF OPE                     | RATION 198. CONDITION F<br>WAS PERFORMED   | OR WHICH OPERATION   | NO NO   | ? (Yas or No) 208. IF YES, IN CERTIFYIN | WERE FINDINGS<br>NG CAUSES OF D | CONSIDERED<br>EATH? |            |
| OR CONTRIBUTIONS DEATH (notify med)  | AS UNDERLYING CAUSE OF   | 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) | n or about 21 C. WH<br>ffice bldg., INJURY        | IERE DID (If in E                       | Boltimore City, give            | exact location)     |            |
| W OF INTURY                          | nth) (Doy) (Yeor) (Hour)   | 21E. INJURY OCCURRED   | 21 F. HO  | W DID INJURY OCCUR?                     |                                 |                     |            |
| (APPROX)                             |  | While At Not While Work Not Work                                     |   |   |                                 |                     |            |
| 22. I certify that                   | (t) (this hospital) attend   | ed the deceased from   | Expire  | 17 19 6 7 to                            | Lex                             | 7-3-19              | 6.7        |
|                                      |  | on And fort  |   | 2 ond that in (my) (or                  | ur) opinion deor                | n occurred on       | the dot    |
| ond hour ond fro                     | m the couses stated abov   | e. (1) (We) (did) (dld not) v  | view the body of                                  | ter deoth.                              |                                 |                     |            |
| 23A. SIGNATURE                       | 1  | M.D. Alle  | ending M  | ed C Stoff C                            | 23B. DAT                        | SIGNED              | 1          |
| -t-C1-                               | Sallay   | an. Phy  | s. Di   | rector Phys.                            | Sey                             | NT 3,               | 16/        |
| PAME (Type)                          | leisen By  | LTAZAD MA  | 23D. ADDRESS                                      | fure #                                  | BROAL                           | 24/44               | 05/        |
| 24A. BURIAL CREMATI                  |  | C. NAME of CEMETERY OF CRI   | EMATORY   | 24D. LOCATION                           | (City, tawn, a                  | county              | (State)    |
| Burial (Specific Burial)             | 9/7/67 S   | t. Stanislaus Ce   | metery  |   | Baltimore                       | , Maryla            | nd         |
| 25A. DATE REC'D BY                   |  | ME OF REGISTRAR  | 25C. FUNERAL                                      |   |                                 | ADDRESS             |            |
| SEF                                  | 7 1967 R.P.  | 6. E. Farley MA  | John J  | . Duda, 7922 W                          | ise Ave.                        | Dundalk,            | Md.        |
| VS 150-REV. 1/1/65                   |  | 0 / 0  | 0 8 5   |   |                                 |                     |            |

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DOMESTIC STREET

CHURCH HOME AND HOSTING THE SHEET OF THE POW RD.

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MARKET STATE STATE STATE STATES STATES

DONNICK

## AAEDICAL EVA AAINED'S CEDTIEICATE OF DEATH Projected by 67 8510

|  | Print)   |  |  |  |  | 2, DATE AND   | HOUR PRONOUNCE  | ED DEAD        |  |                             |
|--|--|--|--|--|--|---|---|----------------|--|-----------------------------|
|  | WILLIAM  |  | J.   | RIC  |  |   | tember 4, 1   |                |  | :40 A.M.                    |
| FULL NA  | FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION  St. Agnes Hospital  |  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) |  |   |   |                |  |                             |
| HOSPITA  |  |  |  | Baltimore 25-3   |  |   |   |                | 5-3/                                       |                             |
| -//  |  |  |  | D. STREET ADDRESS (If rurol, give locosion)  548 Yale Avenue   |  |   |   |                |  |                             |
| 5. SEK   | 6. RACE  |  |  | NEVER MARRIED<br>DIVORCED (specify)<br>ied   | 12-14-   |   | 9. AGE (In years lost birthday) 22  |                |  | Under 24 Hrs.<br>Hours Min. |
| done durin   | AL OCCUPATION (G   | ive kind of work   | 108. KIND OF   | BUSINESS OR INDUSTRY   | 11. BIRTHPLACE                                     |   |   |                | EN OF                                      | ITRY?                       |
| 13, FATH   | Fabricator  13. FATHER'S NAME  13. FATHER'S NAME   |  |  | 14. MOTHER'S M   | AIDEN NAME   | 7 1   |   | D . ZX .       | 19   |                             |
|  | WILLIAM DECEASED EVER IN runknown) (If yes, giv  |  | FORCES?  | 16. SO CIAL<br>SECURITY NO.  | 17. INFORMANT                                      |   | J. Hoernle  | ADDRES         |  |                             |
|  |  |  |  | 214-44-1509  | Mrs. Ph  | yllis E.  | Rice, 548   | Yale           |  | AL BETWEEN                  |
| he inj   | SEASES OR COND   | etc. If meons which coused d  NT CAUSES  OTTIONS, IF ATTIONSE (A) ST   | the discose,<br>eoth.)   | (B)  |  |   |   |                |  |                             |
| ERTIFICATION 10 10 10 10 10 10 10 10 10 10 10 10 10  | THER SIGNIFICANT (  ) THE DEATH BISEASE OR CONDITION  DATE OF OPERATION  | II<br>CONDITIONS (<br>UT NOT REL<br>ON CAUSING   | ATED TO THE  | HE   | 20A. AUTOPSY                                       |   | OB. IF YES, WERE FIN  |                |  | RED                         |
| MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  10  10  11  12  12  13  14  15  16  17  18  18  19  19  10  10  10  10  10  10  10  10   | THER SIGNIFICANT (  THE DEATH BI ISEASE OR CONDITION  DATE OF OPERATION  EXTERNAL CAUSE V  ERLYING XOR CONT  G CAUSE OF DEA  TIME (Month)  | II CONDITIONS ( UT NOT REL ON CAUSING IN 19B. CONE WAS PERF WAS PERF ATH. (Doy) (Yeon)   | ORMED 218, I home, etc.)  (Hour) 2 2:05A. W  | WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, c  Street  TE. INJURY OCCURRED  WHILE AT NOT WORK   | in or obout 21C. Verifice bldg., INJUR  of  21F. H | WHERE DID (III Y OCCUR? P Poplar OW DID INJUR ruck tel  | in Boltimore City, give Patapsco Avenue   | ve exoct lenue | eath? locotion) - 336                      |                             |
| MEDICAL CERTIFICATION AND CALL (VALUE OF CALL  | THER SIGNIFICANT () THE DEATH BI ISEASE OR CONDITION DATE OF OPERATION  EXTERNAL CAUSE V  ERLYING MOR CONT G CAUSE OF DEA  TIME (Month) NJURY  ROK.)  9/4/   | II CONDITIONS ( UT NOT RESIDENT ON CAUSING IN 198, CONE WAS PERF WAS PERF WAS RIB- ATH. (Doy) (Yeon) 67 1 held on In Noturol cou | ORMED    21B, I home, etc.]  (Hour)   2   2 : 05   A   Warding   W | WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, c  Street  TE. INJURY OCCURRED  WHILE AT NOT WORK   | opsy A nomici                                      | WHERE DID (11) Y OCCUR? P Poplar OW DID INJUI  ruck tel d that on this ide Ut EDICAL EXA  | in Boltimore City, give Patapsco Ave Avenue RY OCCUR? Subsephone pole basis, deoth In madetermined monner AMINER AMINER | bj. de         | eath? - 336 river                          | Ft. East                    |
| WEDOCAL STATE OF THE STATE OF T | THER SIGNIFICANT (  THE DEATH BISSEASE OR CONDITION  EXTERNAL CAUSE OF DEATH OF CAUSE OF CAUS | II CONDITIONS ( UT NOT RESIDENT ON CAUSING IN 198, CONE WAS PERF WAS PERF WAS RIB- ATH. (Doy) (Yeon) 67 1 held on In Noturol cou | U. Spi   | WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, c   | while st<br>opsy an Associate M                    | WHERE DID (114 Y OCCUR? P POP 1 P P P P P P P P P P P P P P P P P P | AMINER  | bj. de         | EATH?  locotion)  - 336  river  DAT  9/4/6 | Ft. East                    |

Builder III A SECTION OF THE SECT AT LIST BE WARE IN STREET, BUT TO BELLEVILLE

8511

Opesoe

BIRTH NO.

| MINNIE A METZ   | 9 2 67   | 5.55 P. M   |
|---|--|---|
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street                            | 4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY MARYLAND | institution: residence before odmission)                  |
| HOSPITAL OR oddress or locotion)  | C. CITY OR TOWN (If outside city limits, with                            | e RURAL and give township)                                |
|   | H XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                   | alethorpe 53-00   |
| ST AGNES HOSPITAL   | 5707 SECOND AVENUE   |   |
| F. SEX F. ACE T. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARR LED  | 8. DATE OF BIRTH , 9. AGE (In years lost birthday) 77                    | If Under 1 Yr. If Under 24 Hrs.<br>Months Doys Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)      | 11. BIRTHPLA CE (Stote or foreign country)                               | 12. CITIZEN OF<br>WHAT COUNTRY?                           |
| RET PITTSBURG P G PITTSBURG P G   | MARYLAND, BALTO,   | USA   |
| 3. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |   |
| CHARLES FALK FALK,  | POETZEL, ANNIE   |   |
| 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO. | 17. INFORMANT  | ADDRESS   |
| NO 213-05-2900E   | ST AGNES RECORDS WILK  | ENS & CATON AVES  |
| 18. CAUSE   | OF DEATH   | INTERVAL BETWEEN  |
| DISEASE OR CONDITION DIRECTLY   | 0 0 0 1  | ONSET AND DEATH   |
| LEADING TO DEATH  | revalired arknown  | lews,   |
| (This does not meon the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease,                                  | nevalired askriose<br>hronic pythoner                                    |   |
| injury or complication which coused death.)   | browie unselonen   | hoting,   |
| ANTECEDENT CAUSES  (B)  DUE TO  | A  |   |
| DISEASES OR CONDITIONS, if ony, giving  | 7  |   |
| rise to the obove couse (A) stoling the (C)   |  |   |
| II.   |  |   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING   |  |   |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |   |
| 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   | 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WER                            | E FINDINGS CONSIDERED                                     |
| WAS PERFORMED   | 7 = 5  |   |
| OR CONTRIBUTING CAUSE OF home, form, foctory, street,   | , in or obout 21 C. WHERE DID (If in Boltim office bldg., INJURY OCCUR?  | ore City, give exoct location)                            |
| DEATH (notify medical examiner) etc.)   |  |   |
| OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED   | 21 F. HOW DID INJURY OCCUR?  |   |
| (APPROX.) White At Not Will Not Work At Work  |  |   |
| 22. I certify that (1) (this hospital) attended the deceased from   | 7 26 167 to  | 9 2 1967  |
| that (K(we) lost sow the deceased alive an 9 2  |  | plnion death occurred on the do                           |
| ond hour ond from the couses stoted abave. (X) (We) (did) (did nat)   |  |   |
| 23A. SIGNATURE  | The body offer deom,   | 23B. DATE SIGNED  |
| M.D. A.   | ttending Med. Stoff  | 0/2/67  |
| 23C. PHYSICIAN'S  | 23D. ADDRESS   | 9/3/67 21229  |
| NAME (Type) S. KORBULY M.E  | CT ACHEC HOCD CATON  |   |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C   | REMATORY 24D. LOCATION   | (City, town, or county) (State)                           |
| Burial 9-6-1967 Loudon Park Cer   | metery Baltimore,  | Maryland  |
| 25A. DATE REC'D THEALTH DEPT 254 NAME OF PEGISTIAR  | 2SC. FUNERAL DIRECTOR  | ADDRESS   |
| 1901 Olobert E, talley MI   | Howard H. Hubbard, 410   | Wilkens Ave. 21229  |
| VS 150-REV. 1/1/65  | 0 8 5 5  |   |

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

67

Registered No.

2. DATE AND HOUR OF DEATH

8511

LATICOUR CEMEA TE 1 1900 RET PITTSBURG > G PITTSBURG > G MURYU NO 13 CRARLES FALK FALK TENA KOTNO S ZNEK NEGORDO WYLKENE C CATON ANES.

LEN' WEREST. AGRES HOSP, CATON & WILKERS BARS.

SHRIST, INGILARI -- SAONIN INLYIAN

A ST. OGNES HOSPITAL . BISTINGLE SALT
AFOR TWO CATON S WILKENS AND.
BALTIMORE, MD. 21215 S521 FOREST PARK AVE.

FEMALE WHITE WIGONED 11-10-9# 72

HODSEWIFE -- 331W3SUCH

AUGUST (E) SHIJBUA RETHUL RETHUL RETHUL

212 DE 4025 ST. ACHES RECORDS-CATON & WILKSME

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SEPTEMBER S 67 SEPTEMBER

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C. H. INTTHEY, CATON & WILKENS AVES.

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| BIRTH NO.   | 67   |  | TE OF DEATH   | Registered No.                          | 67 8513                             |  |  |
|---|--|--|---|---|-------------------------------------|--|--|
| NE CASE NO  |  |  | 2. DATE AND   | HOUR OF DEATH                           |                                     |  |  |
| Type or Print)  | T TOTICTORS IV-  | 733  | 9-3-67  |   |                                     |  |  |
| PLACE OF  | LETKER Harry   | MILAND   | 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admiss |   |                                     |  |  |
| FULL NAMI<br>HOSPITAL C<br>INSTITUTION                      | OR address or location   | or institution, give street INISTRATION HOSPITAL           | MARYLAND BALT   | TIMORE ide city timits, write           | Balto Co.                           |  |  |
| 27  | 3900 LOCH RA<br>BALTIMORE, M   | VEN BOULEVARD<br>ARYLAND 21218                             |   | urol, give locotian)                    | 00 00                               |  |  |
| - S EX  | 6. RACE  | 7. MARRIED, NEVER MARRIED                                  |   | . AGE (In years                         | If Under 1 Yr If Under 24           |  |  |
| MALE  | CAUCASION  | WIDOWED, DIVORCED (specify) MARRIEB                        | 8-XX-10 -1910   | ost birthdoy) 57                        | Months Days Hours Min               |  |  |
|   | of working life, even if retired)  | 108. KIND OF BUSINESS OR INDUSTRY                          | 11. BIRTHPLACE (State or fareig   | n country)                              | 12. CITIZEN OF<br>WHAT COUNTRY?     |  |  |
| CHAUFFE   | EUR  | SELF EMPLOYED  | BALTIMORE, MARY   | YLAND                                   | U. S. A.                            |  |  |
| 3. FATHER'S N   |  | 14. MOTHER'S MAIDEN NAM                                    |   |   |                                     |  |  |
| HARRY A   | • ALBIKER  |  | MARY CHRISTOFF  | Christoph                               | n                                   |  |  |
| 5. Was Decea:<br>'es, no ar unkno                           | sed Ever in U.S. Armed Fo<br>wn) (If yes, give wor or date               | es of service) SECURITY NO.                                |   | PITAL RECOF                             |                                     |  |  |
| YES   | 10-20-43 TO  | 11-16-45 213-01-2237                                       | 3900 LOCH RAVE  | N BLVD, BAI                             | LTIMORE, MD.                        |  |  |
| 1B. / 6   | 311  | CAUSE  | OF DEATH  |   | INTERVAL BETWEEN<br>ONSET AND DEATH |  |  |
| DISE  | EASE OR CONDITION DI   |  | CHANGE TOTAL  |   |                                     |  |  |
| (This does  | LEADING TO DEATH   | (A)  | LMONARY EDEMA   | *··· • • *··· • • • • • • • • • • • • • | 2 HOURS                             |  |  |
| heart failu   | s not mean the made alse, asthenia, etc. It means                        | the diseose,   |   |   |                                     |  |  |
| injury or o   | injury or complication which coused death,)  PULMONARY CUTANEOUS FISTULA |  |   |   |                                     |  |  |
|   | ANTECEDENT CAUSES (B) DUE TO   |  |   |   |                                     |  |  |
| DISEASES OR CONDITIONS, if ony, giving CARCTNOMA RIGHT LING |  |  |   |   |                                     |  |  |
|   | The above couse (A)  | stoting the (C)  |   |   |                                     |  |  |
|   |  |  |   |   |                                     |  |  |
| 3HT OT E  | SNIFICANT CONDITIONS ( DEATH BUT NOT RELA                                | ATED TO THE ARTERIOSCLE                                    | ROSIS   |   |                                     |  |  |
| 119A DATE   | OF OPERATION TABLE CON   | IDITION FOR WHICH OPERATION                                | 20A. AUTOPSY? (Yes at Na)   | 20B. IF YES. WERE                       | FINDINGS CONSIDERED                 |  |  |
|   | WAS PER  | remen on g   | YES   | IN CERTIFYING CA                        | USES OF DEATH?                      |  |  |
| OR CONTR  | DENT WAS UNDERLYING  | 21 B. PLACE OF INJURY (e.g., home, faim, foctally, street, | in at about 21C. WHERE DID INJURY OCCUR?  | (If in Baltimar                         | re City, give exact facation)       |  |  |
| 2   | tify medical examiner)   | etc.)  |   |   |                                     |  |  |
| OF INJURY   | (Month) (Day) (Year)   |  | 21F. HOW DID INJU   | RY OCCUR?                               |                                     |  |  |
| (APPROX)  |  | While At Wark At Wark                                      |   |   |                                     |  |  |
| 22, 1 certi   | ify that 🐿 (this haspita   | 1) attended the deceased fram                              |   | 67 to 9-                                | 3 19 67                             |  |  |
|   | ve) last saw the decease   |  | 19 67 and that  |   |                                     |  |  |
|   |  |  |   | r iii (anayna (dur) dipi                | illian again accurred on the        |  |  |
|   |  | ted abave. (We) (did) (DDCCt)                              | view the bady after death.  |   | lead to a second                    |  |  |
| 23A. SIGNA  | O. See A   | Ald of war   | ending Med. S   | itali —                                 | 23B. DATE SIGNED                    |  |  |
| 6   | opening 1  | M.D. AT  | ending Med. S   | hys.                                    | 1/4/6/                              |  |  |
| 23C.PHTSIC  | CIAN'S   |  | 23D. ADDRESS 3900 TOC   | H RAVEN BOI                             | III.EVARD                           |  |  |
| EDW   | ARD O. HUNT,   | M.D.   |   | E, MARYLANI                             |                                     |  |  |
| A. BURIAL C   |  | 24C. NAME of CEMETERY OF CR                                |   |   | ity, town, or county) (Stat         |  |  |
| REMOVA  | 9-7-196  |  |   | ltimore, Ma                             |                                     |  |  |
| Buria   |  |  |   | and and a little                        |                                     |  |  |
| JA. DATE KEC  | D'D BY HEALTH DEPT.  | 25B. NAME OF REGISTRAR                                     | 25C. FUNERAL DIRECTOR   |   | ADDRESS                             |  |  |
|   | CEUF TIBE  |  |   |   |                                     |  |  |
|   | SEP 7 1967   | Oblet E. taken   | Howard H. Hub   | pard, 410/                              | Wilkens Avenue                      |  |  |

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T.A. SALE

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ST AGNES HOSPITAL RECORDS, 1900 S SATON  $A = \mathcal{A} + \mathsf{T} \mathcal{A}$ 

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ST ASHE RESPITAL, TORR & D. TON AVE. 8ALTO., MD. 21239

AND REPORT OF THE PARTY OF THE PARTY OF

| ype or   | E OF DECE  |  | ohia Harrison  |  | eptember 4,  | 11.20  |  |  |
|--|--|--|--|--|--|--|--|--|
| PLAC   | CLACE OF DEATH IN BALTIMORE, MARYLAND  CULL NAME OF (If not in hospitol or institution, give street oddress or location)  NSTITUTION   |  |  | 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admiss  |  |  |  |  |
| HOSE   |  |  |  | A. STATE B. COUNTY  Maryland  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  |  |  |  |  |
| 114211   |  |  |  | Baltimore 25-9   |  |  |  |  |
| 0  | 0 1  | 907 Breitwert  | Avenue   | D. STREET ADDRESS (If rurol, give locotion)  |  |  |  |  |
| U  | SEX   6, RACE   7, MARRIED, NEVER MARRIED  |  |  | 1907 Breitwert Avenue  |  |  |  |  |
| s ex<br>ema  | _  | 6.RACE<br>White  | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed  | 5-7-1878   | 9. AGE (In years<br>lost birthdoy)<br>89   | If Under 1 Yr. If Under 24 H<br>Months Doys Hours Min.   |  |  |
|  |  |  | 10B. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (Stote or   | foreign country)   | 12. CITIZEN OF WHAT COUNTRY?   |  |  |
|  | usewif   | rorking life, even if retired)   |  | Marylan  | d  | U.S.A.   |  |  |
|  | HER'S NAM  |  |  | 14. MOTHER'S MAIDEN  |  | 0.5.4.   |  |  |
|  |  |  |  |  |  |  |  |  |
| Was  |  | o. Leimbach<br>Ever in U. S. Armed Ford  | es? 16. SOCIAL   | Julia .  | Ann  | ADDRESS  |  |  |
| es, no   | or unknown)  | (II yes, give wor or dote:   | s of service) SECURITY NO.   |  |  |  |  |  |
|  |  |  |  | Mr. Edward T   | . Harrison,  | 1907 Breitwert Ave   |  |  |
| 18.  | DISEASI  | OR CONDITION DIR   | ECTLY CAUSE OF   |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |  |
| inju   |  | NTECEDENT CAUSES   | (B) US   | nosclottic   | CVD  |  |  |  |
| DIS<br>rise<br>UN  | SEASES OF THE SIGNIFF OF THE DESEASE OF CO   | R CONDITIONS, if a condition in the condition is conditions.  CONDITION ISSUED IN THE CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT CONDITION CAUSING IT CONDITION CAUSING IT CAUSI | DUE TO  Iny, giving  stoting the (C)  ONTRIBUTING  TED TO THE  |  |  | E FINDINGS CONSIDERED  |  |  |
| DIS<br>rise<br>UN<br>OTO<br>DIS  | SEASES O  B IO INB MDERLYING  THER SIGNIF THE DE SEASE OR C  | R CONDITIONS, if above couse (A) CONDITION lost.  I CONDITION lost.  CONDITION S CONDITIONS CONDITION CONDITIONS CONDITION CAUSING IT OPERATION 198. CONDITION CAUSING IT OPERATION CAUSING IT OPERATION 198. CONDITION CAUSING IT OPERATION CAUSING I | ONTRIBUTING TED TO THE TOTTON FOR WHICH OPERATION ORMED  | 20 A. AUTORSY? (Yes or   | No) 208, IF YES, WERE<br>IN CERTIFYING C   | E FINDINGS CONSIDERED<br>AUSES OF DEATH?   |  |  |
| DIS rise UN OTTO DIS 19 A OF A OF A  | SEASES O  I I I I I I I I I I I I I I I I I I  | R CONDITIONS, II of above couse (A) CONDITION Iosi.  II CONDITION IOSI.  II CONDITION CONDITIONS CONDITION CAUSING IT OPERATION 198. CONDITION CAUSING IT OPERATION 198. CONDITION CAUSING IT WAS UNDERLYING CAUSE OF medical examinet   | DUE TO  Iny, giving stoting the (C)  ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION ORMED  21 B. PLACE OF INJURY (e.g., in home, lorm, loctory, street, of etc.)   | 20 A. AUTOPSY? (Yes on   | No) 20B. IF YES, WERE IN CERTIFYING C.   | E FINDINGS CONSIDERED<br>AUSES OF DEATH?   |  |  |
| DIS<br>tise<br>UN<br>OTI<br>TO<br>DIS<br>19A<br>OR<br>DE A   | SEASES O  BE TO THE  OTHER SIGNIF  OTHE DE  SEASE OR C  ODATE OF  A. A COLDEN  CONTRIBUT  ATH (notily  | R CONDITIONS, if a dove couse (A) CONDITION lost.  I CONDITION lost.  I CONDITION CONDITIONS CONDITIONS CONDITION CAUSING IT CONDITIONS CONDITI | ONTRIBUTING TED TO THE I.  ORMED  21B. PLACE OF INJURY (e.g., ir home, lorm, loctory, street, of   | 20 A. AUTOPSY? (Yes on the control of the control o | No) 20B. IF YES, WERE IN CERTIFYING C.   | AUSES OF DEATH?  |  |  |
| DISTRIBUTION OF CAPITAL CONTRACT OF CAPITAL CAPITA CAPITA CAPITA CAPITA CAPITA | SEASES OF ON THE DESCASE OF CONTRIBUTANTH (notify 1) TIME TO THE TO | R CONDITIONS, il above couse (A) CONDITION lost.  IL CONDITION SCI ATH BUT NOT RELA CONDITION CAUSING IT OPERATION 198. CONI WAS PERF T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Doy) (Year)  | DUE TO  DUE TO  DUE TO  ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION  ORMED  218. PLACE OF INJURY (e.g., ir home, lorm, loctory, street, of etc.)  (Hour) 21E, INJURY OCCURRED  While At Not While Work  O attended the deceased fram  | 20 A. AUTORSY? (Yes on on obout 21 C. WHERE DIE injury occur   | No) 20B. IF YES, WERE IN CERTIFYING C.  (II in Boltimo   | auses of Death?  Dre City, give exact location)  |  |  |
| DISTRIBUTE OF THE PROPERTY OF  | SEASES OF THE DESCASE OF CONTRIBUTATH (notily of the   | R CONDITIONS, iI above couse (A) CONDITION lost.  II CONDITION IOST.  CONDITION CONDITIONS CONDITIONS CONDITION CAUSING IT OPERATION TO PERATION TO PERATION TO PERATION TO PERATION TO PERATIONS TO CAUSING TO PERATION TO PE | DUE TO  DUE TO  DUE TO  ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION  ORMED  218. PLACE OF INJURY (e.g., ir home, lorm, loctory, street, ol etc.)  (Hour) 21E. INJURY OCCURRED  While At   | 20 A. AUTORSY? (Yes on one obout 21 C. WHERE DIE fice bidg., INJURY OCCUR  | No) 20B. IF YES, WERE IN CERTIFYING C.  (II in Boltimo  INJURY OCCUR?  | auses of Death?  Dre City, give exact location)  |  |  |
| DISTINGUENT OF CAPPURE CAPPUR CAPPURE CAPPUR CAPPURE CAPPUR CAPPU | SEASES OF THE DESCASE OF CONTRIBUTATH (notify of the tertify of the tertification | R CONDITIONS, il above couse (A) CONDITION lost.  IL CONDITION SCI ATH BUT NOT RELA CONDITION CAUSING IT OPERATION 198. CONDITIONS CONDITION CAUSING IT OPERATION 198. CONDITIONS CONDITION CAUSING IT OPERATION 198. CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS (Month) (Doy) (Year)  Condition Cause of the couse of the couses stated the couses stated couses stated couses stated couses couses couse couses couse couses co | DUE TO  DUE TO  DUE TO  ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION  ORMED  218. PLACE OF INJURY (e.g., ir home, lorm, loctory, street, of etc.)  (Hour) 21E, INJURY OCCURRED  While At Not While Work  O attended the deceased fram  | 20 A. AUTORSY? (Yes on one obout 21 C. WHERE DIE fice bidg., INJURY OCCUR  | No) 20B. IF YES, WERE IN CERTIFYING C.  (II in Boltimo  INJURY OCCUR?  | AUSES OF DEATH?  Dre City, give exact locotion)  19  pinion death accurred on the c                |  |  |
| DISS rise UN TO DISS rise rise rise rise rise rise rise rise   | SEASES OD  THE DE  SEASE OR CONTRIBUT  ALACIDEN CONTRIBUT  TIME TIME TIME TIME TIME TIME TIME TI   | R CONDITIONS, il above couse (A) CONDITION lost.  IL CONDITION IOST.  CONDITION CONDITIONS CONDITION CAUSING IT OPERATION 198. CONDITION CAUSING IT OPERATION CAUSING IT WAS UNDERLYING TING CAUSE OF medical examiner)  (Month) (Doy) (Year)  That (I) (this haspital) controls that  | DUE TO  DUE TO  Storing the (C)  ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION  ORMED  21 B. PLACE OF INJURY (e.g., in home, lorm, loctory, street, of etc.)  (Hour) 21 E. INJURY OCCURRED  While At Not While Work  Outlanded the deceased from and dalive on 22  ed abave. (1) (We) (did) (did not) v   | 20 A. AUTORSY? (Yes on the property of the place)  21 F. HOW DID  Med. Director  | No) 20B. IF YES, WERE IN CERTIFYING C.  (II in Boltimo  INJURY OCCUR?  | auses of Death?  Dre City, give exact locotion)  |  |  |
| DISS rise UN TO DISS rise rise rise rise rise rise rise rise   | SEASES OF THE DESCASE OF CONTRIBUTATH (notify of the tertify of the tertification | INTECEDENT CAUSES  R CONDITIONS, il above couse (A) CONDITION lost.  IL CONDITION SCI ATH BUT NOT RELA CONDITION CAUSING IT OPERATION 198. CONT WAS PERF  T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Day) (Year)  That (I) (this haspital) it is the causes state  TYS  | DUE TO  DUE TO  Storing the (C)  ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION  ORMED  21 B. PLACE OF INJURY (e.g., in home, lorm, loctory, street, of etc.)  (Hour) 21 E. INJURY OCCURRED  While At Not While Work  Outlanded the deceased from and dalive on 22  ed abave. (1) (We) (did) (did not) v   | 20 A. AUTORSY? (Yes or obout 21 C. WHERE DIE fice bidg., INJURY OCCUR 21 F. HOW DID 21 F. HOW DID 3 iew the bady after dea   | INJURY OCCUR?  19 1 ta   | AUSES OF DEATH?  Dre City, give exact location)  9 4 19 pinion death accurred on the d             |  |  |
| DISS rise UN NOTIFE TO DISS 19 A DE A 21 DE A 21 DE A 22 A C A DE A 23 C A A BU  | SEASES OD  BE TO THE DE  SEASE OR CONTRIBUTATH (notify to the contributation)  The contributation of the contr | INTECEDENT CAUSES  R CONDITIONS, il above couse (A) CONDITION lost.  IL CONDITION SCIATH BUT NOT RELA CONDITION CAUSING IT OPERATION 198. CONTING CAUSE OF medical examiner)  (Month) (Day) (Year)  That (I) (this haspital) clast saw the decease from the causes state  (K)  The couse of the couses state  (K)  The couse of the couses state  (K)  The couse of the causes state  (K)  The couse of the cause of | DUE TO  DUE TO  DUE TO  ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION  ORMED  218. PLACE OF INJURY (e.g., ir home, lorm, loctory, street, ol etc.)  (Hour) 21E. INJURY OCCURRED  While At Not While Work  Outlanded the deceased from and dalive on ed abave. (1) (We) (did) (did nat) verified to the province of the pr | 20 A. AUTOPSY? (Yes or of obout 21 C. WHERE DID fice bldg., INJURY OCCUR  21 F. HOW DID  21 F. HOW DID  21 F. HOW DID  And Med. Director 22 D. ADDRESS  5404 East  | No) 20B. IF YES, WERE IN CERTIFYING C.  Of the control of the cont | pinion death accurred on the d   |  |  |
| DISTRICT OF A PROPERTY OF A PR | SEASES O  e lo lhe NDERLYING  THER SIGNIF O THE DE SEASE OR C  DATE OF  A. ACCIDEN CONTRIBU  ATH (notily O TIME INJURY PPROX.)  I certify to the (i) (we) I have and NAME (Ty  | INTECEDENT CAUSES  R CONDITIONS, il above couse (A) CONDITION lost.  IL CONDITION SCIATH BUT NOT RELA CONDITION CAUSING IT OPERATION 198. CONTING CAUSE OF medical examiner)  (Month) (Day) (Year)  That (I) (this haspital) clast saw the decease from the causes state  (K)  The couse of the couses state  (K)  The couse of the couses state  (K)  The couse of the causes state  (K)  The couse of the cause of | DUE TO  DUE TO  ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION  ORMED  21 B. PLACE OF INJURY (e.g., in home, lorm, loctory, street, of etc.)  (Hour) 21 E. INJURY OCCURRED  While At Not While Work At Work  d alive on 2  ed abave. (I) (We) (did) (did nat) v  M.D. Attended  The physical Company of the physical Compa | 20A. AUTOPSY? (Yes on the property of the property) and the property of the pr | No) 20B. IF YES, WERE IN CERTIFYING C.  Of the control of the cont | pinion death accurred on the d  23B. DATE SIGNED  imore, Md. 21227  City, town, or county) (Stote) |  |  |

| BIRTH NO.  | 67 851   | D.  | TE OF DEATH   | Registered No.                     | 67 8516   |
|--|--|---|---|------------------------------------|---|
| M.E. CASE NO.  1. NAME OF DECEASED  (Type or PTOWLER Edv   | vard W. WM.  | Æ.  |   | SEPTEMBER                          | 3 1967 11:30 P M  |
| 3. PLACE OF DEATH IN BALTIMO   | DRE, MARYLAND hospitol or institution, g                       | ive street  | A. USUAL RESIDENCE (Whe                                     | BALT I MOF                         | stitution: residence before admission)                    |
| HOSPITAL OR oddress of AGNES   | S HOSPITAL   |   | BALTO 212   | 227 MD                             | URAL ond give township)                                   |
| 40 BAL   | & WILKENS<br>TO 21229 M  |   | 5233 DE WIT   | TUTO, give location)               |   |
| 5. SEX 6. RACE WHIT  | E WIDOMA   | RRIED (specify)   | 08/24/98  | 9. AGE (In years                   | If Under 1 Yr. If Under 24 Hrs.<br>Months Doys Hours Min. |
| done during most of working life, even in RET IRED -B&O RA   | f retired)   |   | BALTO. MD   |                                    | 12. CITIZEN OF WHAT COUNTRY?                              |
| 13. FATHERS NAME HARRY Fowler  |  | 1   | 14. MOTHERS MAIDEN NA WXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |                                    | ns  |
| 15, Was Deceased Ever in U. S. A. (Yes, no or unknown) (If yes, give wo  | r or dotes of service)   | 1 6. SOCIAL<br>SECURITY NO.<br>705-05-335                   | 17. INFORMANT<br>1 ADM 155181                               | 1-8tIP                             | (ST AGNES HOSP.   |
| DISEASE OR CONDIT LEADING TO  (This does not mean the neort foilure, osthenio, etc. I injury ar complication which   | DEATH node of dying, e.g., t meons the disease, coused deoth.) | DOE 10  | DEATH  ECINOMA OF T.  PONIC ENPHYS                          |                                    | INTERVAL BETWEEN ONSET AND DEATH  3 YEARS ?               |
| DISEASES OR CONDITION rise to the above caus UNDERLYING CONDITION  | IS, if any, giving<br>se (A) stating the                       | DUE TO  |   |                                    |   |
| OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CA  | T RELATED TO THE   |   |   |                                    |   |
| A PART OF THE PART | 98, CONDITION FOR W<br>VAS PERFORMED                           | HICH OPERATION  | 20A. AUTOPSY? (Yes or No                                    | 208. IF YES, WERE F                | INDINGS CONSIDERED<br>USES OF DEATH?                      |
| OR CONTRIBUTING CAUSE DEATH (notify medical examine  | OF home  | PLACE OF INJURY (e.g., in<br>e, form, foctory, street, offi | or obout 21C. WHERE DID to bidg., INJURY OCCUR?             | (If in Boltimore                   | City, give exact location)                                |
| ZID. TIME (Month) (Doy) OF INJURY (APPROX.)  |  | e At Not While  | 21 F. HOW DID IN  | URY OCCUR?                         |   |
| (APPROX.)  22. I certify that (X) (this hat (X) (we) last saw the control of the  | deceased allve an  | SEPT. 3   | 19 67 and th  | 19 67 to<br>nat in (mX) (aur) apin | 9/3 19 67   |
| 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  RODOL  24A. BURIAL CREMATION,  24B. E  |  |   | ew the bady after death.                                    | Stoff -V                           | 23B. DATE SIGNED  |
| NA9c   | il-  | Phys.   | . Director  | Stoff Phys.                        | 9/3/67  |
| 23C.PHYSICIAN'S NAME (Type) RODOL 24A. BURIAL CREMATION, 124B. E   | FO REVILLA   | Phys.   | 3D. ADDRESS ST AGNES HOS                                    | PITAL, 1000                        | 9/3/67 S CATON AVE.,                                      |

Howard H. Hubbard, 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/65

YESTO SANTES E G. LY. L

ST ASMES HOSPITAL CATON STATE CATON & WILKERS AVENUE

BALTO 21229 MD 92121 RU

THE SECOND SECON

RETIRED-BIO RAILRO BAILROSE BALTO, IL. U.S.A.

HARRY MARKET THE STATE OF THE S

UNIONEMIA TO TOS-05-3351 TYLTTE (OT AGNES HOST).

RODOLFO REVILLA ST AGRES HOSPITAL, 1800 S CATOM AVE.,

EALTO,,HD. 21229 (SALTO,,HD. 21229 )

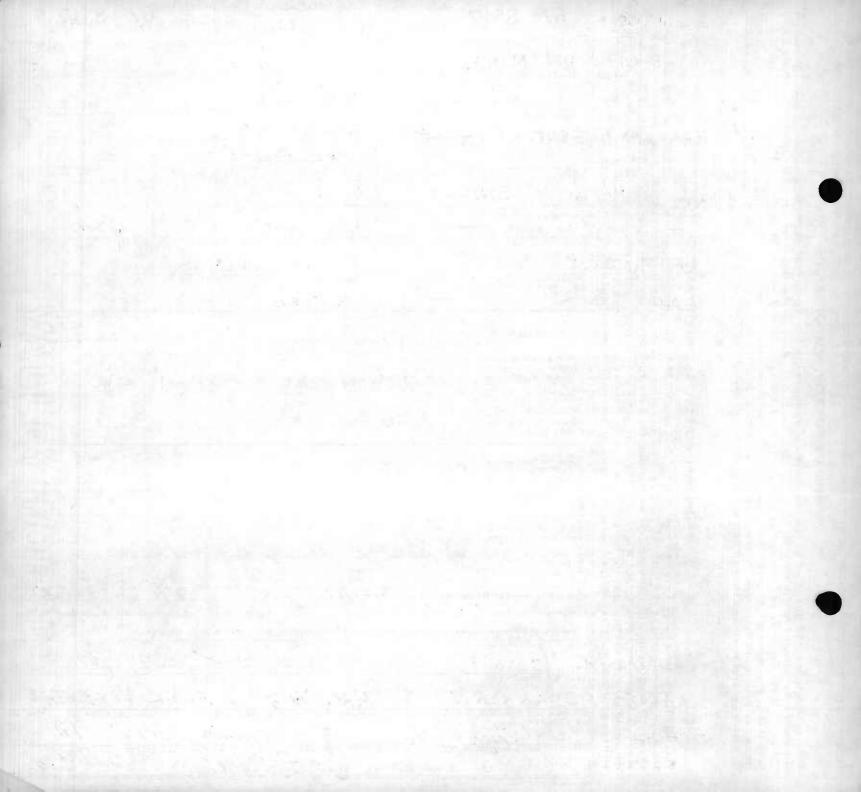
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BIRTH NO. CERTIFICATE OF DEATH Registered No. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Pring BAS) 67 4. USUAL RESIDENCE (Whele deceased lived, If institution: residence (Il outside city limits, write RURAL and give township) If Under 1 Yr. If Un Months: Doys Hours If Under 24 Hrs. 12 12. CITIZEN OF WHAT, COUNTRY? ADDRESS ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimoro City, give exact location) ond that In(my) (our) opinion death accurred on the date 238, DATE SIGNED V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



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VS 150-REV. 1/1/65

EVANS & SON 8802 Harford Road

BALTIMORE CITY HEALTH DEPARTMENT

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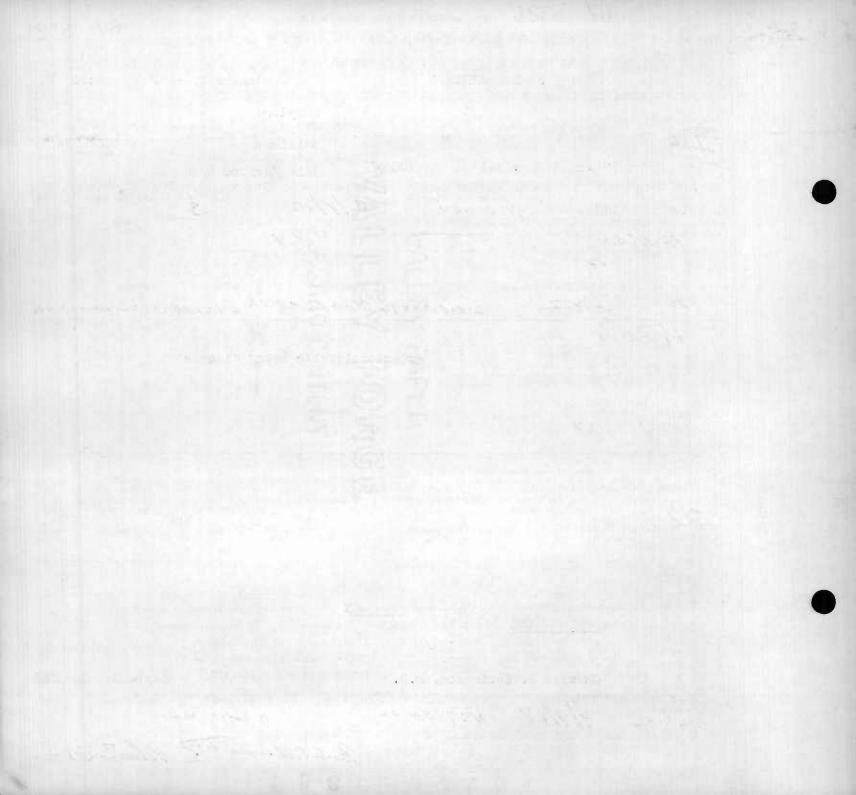
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UNEON MEMOREAE HOSPETAL 3214 E. Joppa 2004 rate water mount 9-25.90 at Return 1 to the Viginia America Janes valenting Charles carce Colores of stay hand will there a dead - Jacker Acker - balo lawing . Wast terren The Dead of the Allege a todopy place V 5 1 V = 1.1. = 1. -4 CRANCE 1 1 1 1 4 ABU 1

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8521

|  |  |  | DATE AND HOUR PRONOUN  |   |
|--|--|--|--|---|
| JOHN   | RENE   |  | September 2, 1   | 967 8:55 P.   |
| PLACE IN BALTIMORE, MARYLAND, WHERE P  | RONOUNCED DEAD   | 4. USUAL RESIDER   | NCE(Where deceased lived, If in  | stitution: residence before admission   |
| ILL NAME OF (IF NOT IN HOSPITAL OR   | INSTITUTION CIVE STREET  | Max  | ryland   |   |
| OSPITAL OR ADDRESS OR LOCATION)  | mismon, or e sikeer  | C. CITY OR TOWN  | (If outside corporate limits, w  | rite RURAL and give tawnship)   |
| Ht-  |  |  | ltimore  | 9-06  |
| Union Memorial Hosp  | ital (DOA  |  | SS (If rural, give lacotion)   |   |
| 7/   |  | 1 20.  | 58 Harford Road  |   |
|  | RRIED, NEVER MARRIED WED, DIVORCED(specify)  | B. DATE OF BIRTH   | 9. A GE (In year last birthday)  | Manths, Days, Hours, Min  |
| Male White   | VIDONED  | 218/1  | 5 53   |   |
| A, USUAL OCCUPATION (Give kind of work) 0B. KI   | ND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (S  | ote ar foreign cauntry)  | 12. CITIZEN OF<br>WHAT COUNTRY?   |
| PAINIER  |  |  | , 4  |   |
| FATHER'S NAME  |  | 14. MOTHER'S MA  | DEN NAME   | TO DIVERSION  |
|  |  |  |  |   |
| ·WAS DECEASED EVER IN U.S. ARMED FORC<br>ss, na arugknawn) (If yes, give wor or dates af se  | rvice) SECURITY NO.  | 17. INFORMANT  | and the state of   | ADDRESS   |
| YES WUIT   | 219-01-4990  | JOHN RE  | NE MILYZIRE  | RRINGMANONRI  |
| 1B.  | CAUSE  | OF DEATH   |  | INTERVAL BETWEEN  |
| DISEASE OR CONDITION DIRECTLY  |  |  |  | ONSET AND DEAT  |
| LEADING TO DEATH   | . Arter  | iosclerotio  | heart disease  |   |
| (This daes not meen the mode of dying, heart foilure, osthenio, etc. It meens the dis  | e.g., DILE TO  | ······································   |  |   |
| injury or complication which coused death.)  |  |  |  |   |
| ANTECEDENT CAUSES  |  |  |  |   |
| DISEASES OR CONDITIONS, IF ANY, GI   |  | ***  |  | •••••••••••••••••   |
| RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.   | IHt  |  |  |   |
|  | (C)  |  | ***************************************  | •••••••••••••••••••••••••••••••••••••••   |
|  |  |  |  |   |
| OTHER SIGNIFICANT CONDITIONS CONT  | PIRITING   |  |  |   |
| OTHER SIGNIFICANT CONDITIONS CONTI<br>TO THE DEATH BUT NOT RELATED   |  |  |  |   |
| OTHER SIGNIFICANT CONDITIONS CONTI<br>TO THE DEATH BUT NOT RELATED<br>DISEASE OR CONDITION CAUSING IT.   | TO THE   | 20A. AUTOPSY?  | Yes at No.) 208. IF YES WERE   | FINDINGS CONSIDERED   |
| OTHER SIGNIFICANT CONDITIONS CONTI   | FOR WHICH OPERATION  |  | Yes at No) 20B. IF YES, WERE<br>IN CERTIFYING CA   | USES OF DEATH?  |
| 21A, EXTERNAL CAUSE WAS  | FOR WHICH OPERATION D  21B. PLACE OF INJURY (e.g.,   | Yes  | IN CERTIFYING CA Ye.   | USES OF DEATH?  |
| 21A, EXTERNAL CAUSE WAS  | FOR WHICH OPERATION  | Yes  | IN CERTIFYING CA Ye.   | USES OF DEATH?  |
| 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-<br>UTING CAUSE OF DEATH.   | FOR WHICH OPERATION D  21 B. PLACE OF INJURY (e.g., hame, form, factory, sheet, a etc.)  | Yes<br>in ar obaut 21C, Whater the bidg, INJURY (  | IN CERTIFYING CA Ye.  IERE DID (If in Baltimore City, DCCUR?   | USES OF DEATH?  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Day) (Year) (Ha  | FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, form, factory, sheet, a etc.)  21E. INJURY OCCURRED   | Yes in ar obaut 21C. White bidg. INJURY  | IN CERTIFYING CA Ye.   | USES OF DEATH?  |
| WAS PERFORME  21 A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21 D TIME (Month) (Day) (Year) (Ha OF INJURY (APPROX.)  | FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, form, factory, sheet, a etc.)  21E. INJURY OCCURRED   | Yes in ar obaut 21C, Wh ffice bldg., NJURY   | IN CERTIFYING CA Ye.  IERE DID (If in Baltimore City, DCCUR?   | USES OF DEATH?  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Day) (Year) (Ha  | FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, form, factory, sheet, oetc.)  21E. INJURY OCCURRED  WHILE AT NOT WORK   | Yes in ar obaut 21C, Wh ffice bidg, INJURY of  | IN CERTIFYING CA YE.  IERE DID (If in Baltimore City, DCCUR?)  | USES OF DEATH? S give exact locotion)   |
| WAS PERFORME  21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Day) (Year) (Ha OF INJURY (APPROX.)  22.  I certify that I held on Inquiry   | FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, form, factory, sheet, of the control of t | Yes in ar obaut 21C, Whiffice bldg, INJURY of 100 MHILE ORK  Opsy X ond  | IN CERTIFYING CA Ye.  IERE DID (If in Baltimore City,  OCCUR?  V DID INJURY OCCUR?   | USES OF DEATH? S give exact location) my opInIon  |
| WAS PERFORME  21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Day) (Year) (Ha OF INJURY (APPROX.)  22.   | FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, form, factory, sheet, of the control of t | Yes in ar obaut 21C, Whiffice bldg, INJURY of 100 MHILE OPSY X ond e Homicide  | IN CERTIFYING CA Ye.  HERE DID (If in Baltimore City,  DCCUR?  V DID INJURY OCCUR?   | USES OF DEATH? S give exact locotion) my opInIon  |
| 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  21D TIME (Month) (Day) (Year) (Happrox.)  22. I certify that I held on Inquiry resulted from: Notural causes ACTUAL  | FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, form, factory, sheet, of etc.)  21E. INJURY OCCURRED  WHILE AT NOT NOT WORK AT W  Inspection Aut  Accident Suicide  | Yes in or obout 21C, Whiffice bidg, INJURY of  21F, HON  opsy X ond  Homicide  CHIEF ME  | IN CERTIFYING CA Ye.  JERE DID OCCUR?  OF DID INJURY OCCUR?  Whot on this basis, death in  Undetermined more DICAL EXAMINER  | USES OF DEATH? S give exact locotion)  I my opinion  Inner  |
| WAS PERFORME  21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Day) (Year) (Ho OF INJURY (APPROX.)  22. I certify that I held on Inquiry resulted from: Notural couses A SIGNATURE CLASSICAL SIGNATURE  | FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, form, factory, sheet, a etc.)  21E. INJURY OCCURRED  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO  | Yes in ar obaut 21C, Wh ffice bidg, INJURY of  21F, HON  WHILE  OPSY X ond  Homicide  CHIEF ME  ASSISTANT ME                                   | IN CERTIFYING CA Ye  IERE DID (If in Baltimore City,  DICCUR?  Thot on this basis, deoth In  Undetermined more  DICAL EXAMINER   DICAL EXAMINER  | USES OF DEATH? S give exact locotion)  my opinion oner  DATE SIGNED   |
| 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Day) (Year) (Ho OF INJURY (APPROX.)  22. I certify that I held on Inquiry resulted from: Notural causes X  ACTUAL SIGNATURE EXAMINER'S Charles S.  | FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, form, factory, sheet, of etc.)  21E. INJURY OCCURRED  WHILE AT NOT NOT WORK AT W  Inspection Aut  Accident Suicide  | Yes in ar obaut 21C, Wh ffice bidg, INJURY of  21F, HON  WHILE  OPSY X ond  Homicide  CHIEF ME  ASSISTANT ME                                   | IN CERTIFYING CA Ye.  JERE DID OCCUR?  OF DID INJURY OCCUR?  Whot on this basis, death in  Undetermined more DICAL EXAMINER  | USES OF DEATH?  S give exact location)  may opinion  mer   DATE SIGNED  |
| WAS PERFORME  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Day) (Year) (Ha OF INJURY (APPROX.)  22.  I certify that I held on Inquiry resulted from: Natural couses X  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  A. BURIAL CREMATION, 23B, DATE  | FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, form, factory, sheet, a etc.)  21E. INJURY OCCURRED  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO  | Yes in ar obaut 21C, Wh ffice bidg, INJURY of ORK  OPSY X ond Homicide CHIEF ME ASSISTANT ME ASSOCIATE ME                                      | IN CERTIFYING CA Ye.  JERE DID (If in Baltimore City,  DICCUR?  Thot on this basis, deoth In  DICAL EXAMINER   DICAL EXAMINER   DICAL EXAMINER   | USES OF DEATH?  S give exact location)  may opinion  mer   DATE SIGNED  |
| WAS PERFORME  21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21 D TIME (Month) (Day) (Year) (Ha OF INJURY (APPROX.)  22. I certify that I held on Inquiry resulted from: Notural couses X  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  A. BURIAL CREMATION, 23B, DATE MOVAL (Specify)  A. BURIAL CREMATION, 23B, DATE   | FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, factory, sheet, of etc.)  21E. INJURY OCCURRED  WHILE AT NOT WORK  Inspection Aut  Accident Suicide  Springate, M.D.  23C. NAME of CEMETERY of  | Yes in ar obaut 21C, Wh ffice bidg, INJURY of ORK  OPSY X ond Homicide CHIEF ME ASSISTANT ME ASSOCIATE ME r CREMATORY                          | IN CERTIFYING CA Ye  IERE DID (If in Baltimore City,  OCCUR?  W DID INJURY OCCUR?  Thot on this basis, deoth In  Undetermined more  DICAL EXAMINER  DICAL EXAMINER  DICAL EXAMINER  23D. LOCATION (City)   | USES OF DEATH? S give exact locotion)  my opinion oner  DATE SIGNED  September 3, 196  iy, town, or county) (State) |
| WAS PERFORME  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Day) (Year) (Ha OF INJURY (APPROX.)  22. I certify that I held on Inquiry resulted from: Notural couses X  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  A. BURIAL CREMATION, MOVAL (Specify)  BURIAL   | TO THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, form, factory, sheet, a etc.)  21E. INJURY OCCURRED  WHILE AT NOT WORK  Inspection Aut  Accident Suicide  Springate, M.D.  23C. NAME at CEMETERY a  | Yes in or obout 21C, Whiffice bidg., NJURY of the pidg., NJURY of the pidg.  21F. HOW OPSY X ond CHIEF ME ASSISTANT ME ASSOCIATE ME TOREMATORY | THE CERTIFYING CA YE  STERE DID  OCCUR?  OF DID INJURY OCCUR?  OTHER DID  OTH | USES OF DEATH? S give exact locotion)  I my opinion OATE SIGNED  September 3, 196                                   |
| WAS PERFORME  21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21 D TIME (Month) (Day) (Year) (Ho OF INJURY (APPROX.)  22. I certify that I held on Inquiry resulted from: Notural causes X  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  A. BURIAL CREMATION, MOVAL (Specify)  BURIAL A. DATE REC'D BY HEALTH DEPT.  248. †   | TO THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, form, factory, sheet, of etc.)  21E. INJURY OCCURRED  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO   | Yes in ar obaut 21C, Wh ffice bidg, INJURY of ORK  OPSY X ond Homicide CHIEF ME ASSISTANT ME ASSOCIATE ME r CREMATORY                          | THE CERTIFYING CA YE  STERE DID  OCCUR?  OF DID INJURY OCCUR?  OTHER DID  OTH | USES OF DEATH? S give exact locotion)  my opinion oner  DATE SIGNED  September 3, 196  iy, town, or county) (State) |
| WAS PERFORME  21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Day) (Year) (Ha OF INJURY (APPROX.)  22.  I certify that I held on Inquiry resulted from: Notural couses X  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  A. BURIAL CREMATION, MOVAL (Specify)  BURIAL  ACTUAL  SIGNATURE  EXAMINER'S NAME (Type)  A. BURIAL CREMATION, MOVAL (Specify)  BURIAL  ACTUAL  SIGNATURE  EXAMINER'S NAME (Type)  A. BURIAL CREMATION, MOVAL (Specify)  BURIAL  SIGNATURE  PARTICLE  PARTICLE | TO THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, form, factory, sheet, a etc.)  21E. INJURY OCCURRED  WHILE AT NOT WORK  Inspection Aut  Accident Suicide  Springate, M.D.  23C. NAME at CEMETERY a  | Yes in or obout 21C, Whiffice bidg., NJURY of the pidg., NJURY of the pidg.  21F. HOW OPSY X ond CHIEF ME ASSISTANT ME ASSOCIATE ME TOREMATORY | THE CERTIFYING CA YE  STERE DID  OCCUR?  OF DID INJURY OCCUR?  OTHER DID  OTH | USES OF DEATH? S give exact locotion)  DATE SIGNED  September 3, 196  |



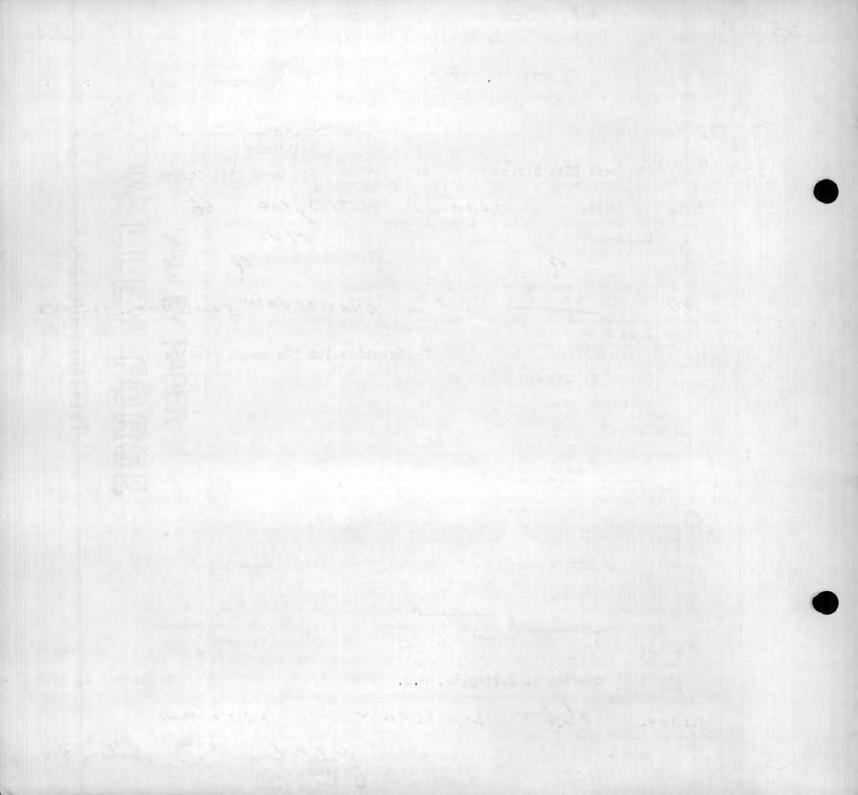
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VS 151-REV. 1/1/65

67 8522 BALTIMORE CITY HEALTH DEPARTMENT

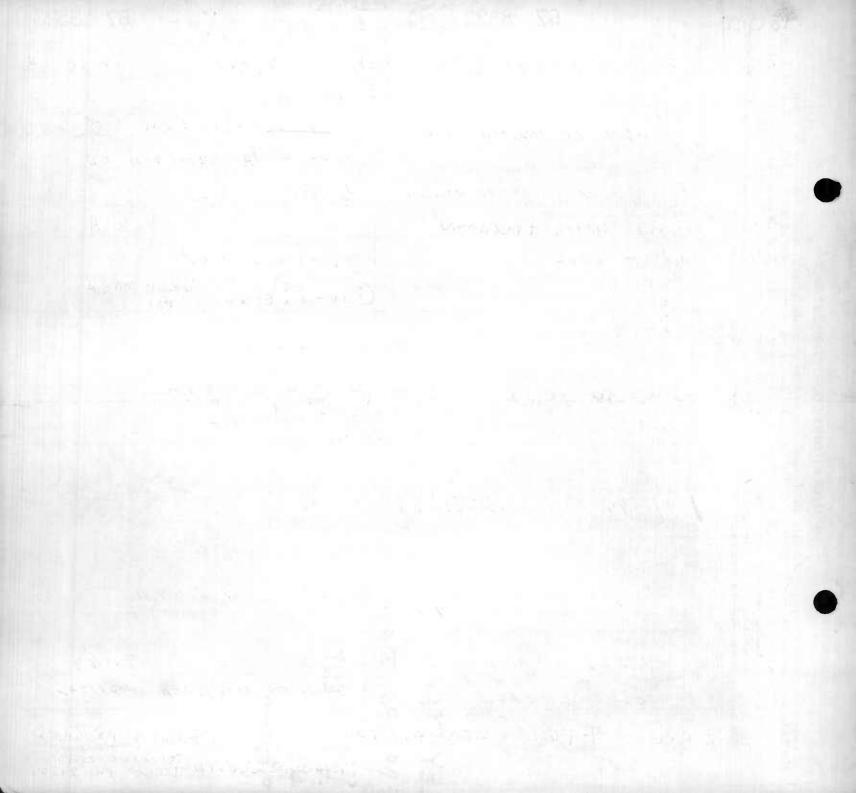
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 8522

|   | IEK 5 CEKTIFICA   | ATE OF DEATH Register   | ed National Control                       |
|---|---|---|---|
| M.E. CASE NO.  1. NAME OF DECEASED  |   | 2. DATE AND HOUR PRONOUNCE  | D DEAD                                    |
| (Type or Print) JOSEPH E. EATO  | N   | September 2, 196  |   |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION) INSTITUTION | A. STATE  | SIDENCE (Where deceased lived. If institution is a country land own (If outside corporate limits, write | oution: residence before admission<br>NTY |
| 210 West 25th Street  | D. STREET AL  | Baltimore  DORESS (If rurol, give locotion)   | 12-01                                     |
| 5. SEX   6. RACE   7. MARRIED, NEVER MA   | ARRIED B. DATE OF BI  | 210 West 25th Street  | If Under 1 Yr. If Under 24 Hrs            |
| Male White WIDOWED, DIVORCED(s  | specify) BCT(1  | 3/900 lost birth 60   | Manths, Days, Haurs, Min.                 |
| IOA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS done during most of working life, even if retired)                             | OR INDUSTRY 11. BIRTHPLAC                                     | (State or foreign country)  | 12. CITIZEN OF WHAT COUNTRY?              |
| 13. FATHER'S NAME   | 14. MOTHER'S  | MAIDEN NAME   | 1 3% 8                                    |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no prupknown) (If yes, give wor or dates of service) SECURITY                               | TV NO   | ES EATON 5442 M   | ADDRESS                                   |
| injury or complication which caused death.)  ANTECEIDENT CAUSES   |   | erotic heart disease  | INTERVAL BETWEEN ONSET AND DEATH          |
| UNDERLYING CONDITION LAST.  | 5)  |   |   |
| 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPE   | eration 20A. AUTO   | PSY? (Yes or No) 20B. IF YES, WERE FIN IN CERTIFYING CAUS   |   |
| 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-<br>UTING CAUSE OF DEATH.   | INJURY (e.g., in or obout 21 C<br>tory, street, office bldg., | . WHERE DID (If in Boltimore City, giv<br>URY OCCUR?  | re exact location)                        |
| OF INJURY (APPROX.)   | OCCURRED 21 F.  | HOW DID INJURY OCCUR?   |   |
| 22. I certify that I held an Inquiry Inspection resulted fram: Natural causes X Accident ACTUAL SIGNATURE EXAMINER'S Charles S. Springate,    | Suicide Ham CHIEF M.D. ASSISTANT M.D. ASSOCIATE               |   | DATE SIGNED eptember 2, 1967              |
| BURIAC 9/6/67 WOO   | DLANN   | BALTO, MA.  | town, or county) (State)                  |
| SEP 7 1967 PLANAME OF REGISTR   | Deaphile Park   | Edenment 32   | ADDRESS Aru                               |



FUNERAL DIRECTOR: IMPORTANT

| BIRTH NO.                               | 6'  | 7. 85%         | 23 CERTIFICA                        | TE OF DEATH  | Registered No.                     | 67 8523   |
|---|---|----------------|-------------------------------------|--|------------------------------------|---|
| M.E. CASE NO.                           |   |                | CERTITION                           |  | AND HOUR OF DEATH                  |   |
| (Type or Print)                         | TER MARY FL   | AFRIA          | ( ELLA GRO.                         |  | 11/12                              | 18:50 A.  |
| PLACE OF D                              | EATH IN BALTIMORE, MA                                       | ARYLAND        | FERT GRO                            | 4. USUAL RESIDENCE (W                                | here deceased lived. If i          | institution: residence before admission                 |
|   |   |                |                                     | A. STATE B. COL                                      | INTY                               | Bolt P.   |
| FULL NAME                               |   |                | give street                         | C. CITY OR TOWN (III                                 | outside city limits, write         | RURAL ond give township)                                |
| INSTITUTION                             |   |                | 1-00                                |  | EGLEN AR                           |   |
| 20                                      | UNIV. OF  | UAYLAND        | 1 1705 P.                           | D. STREET ADDRESS                                    | If rurol, give location)           |   |
| 00                                      |   |                |                                     | VILLA MAR  | AA, GLIU                           | APM MD  |
| 5. SEX                                  | 6. RACE   | 7. MARRIED,    | NEVER MARRIED D. DIVORCED (specify) | B. DATE OF BIRTH                                     | 9. AGE (In years<br>lost birthdoy) | If Under 1 Yr. If Under 24 Hi<br>Months Doys Hours Min. |
| F                                       | w   |                | 2 MARRIED                           | 1/15/05.   | 62                                 |   |
|   | CUPATION (Give kind of world working life, even il retired) |                | F BUSINESS OR INDUSTRY              | 11. BIRTHPLACE (State or fo                          | reign country)                     | 12. CITIZEN OF WHAT COUNTRY?                            |
| CAT1166                                 | IC SISTER   | FRUCK          | NOON                                | MARYLAL  | n                                  | U.S.A.  |
| 3. FATHERS NA                           | AME   | 12004          |                                     | 14. MOTHER'S MAIDEN N                                | AME                                |   |
| AUG D.                                  | ST GROH   |                |                                     | FLITABET.  | 4 HIOV                             |   |
| 5. Wos Deceose                          | ed Ever in U. S. Armed Fo                                   |                | 1 6. SOCIAL                         | 17. INFORMANT  |                                    | A A A A A A A A A A A A A A A A A A A                   |
| 40                                      | vn) (If yes, give wor or dot                                | es of service) | SECURITY NO.                        | 0  |                                    | LA MARIAS   |
| 10                                      |   |                | CAUST                               |  | lords GLE                          |   |
| 1 7 7 3                                 | 3,0   |                | CAUSE C                             | F DEATH  |                                    | ONSET AND DEATH   |
| DISE                                    | ASE OR CONDITION DI<br>LEADING TO DEATH                     |                | RP                                  | ALL STRAA FA   | 11116                              |   |
| (This does                              | not mean the mode of  | dying, e.g.,   |                                     | AIU STEM FA  | + 6 U K 12                         |   |
|   | a, asthenia, etc. It means<br>complication which caused     |                |                                     |  |                                    |   |
|   | ANTECEDENT CAUSE  | S              | (B) BR                              | AIN SLEW O   | COMPRESSIO                         |   |
| DISEASES                                | OR CONDITIONS, if   | any, giving    |                                     |  |                                    |   |
| rise lo 1                               | he above cause (A)  |                | (C) R/C                             | HT FRONTOPA  | RIETIZ                             |   |
| UNDERLIII                               | NG CONDITION last.  |                | C. I                                | 1041.  |                                    |   |
| OTHER SIG                               | <br>NIFICANT CONDITIONS                                     | CONTRIBUTIN    | G                                   |  |                                    |   |
| OTHER SIGN                              | DEATH BUT NOT REL   | ATED TO TH     | łE                                  |  |                                    |   |
| U 19A. DATE C                           | OF OPERATION 198. COL                                       | NDITION FOR    | WHICH OPERATION                     |  | No. 208. IF YES, WERE              | FINDINGS CONSIDERED                                     |
| S / S / S / S / S / S / S / S / S / S / | 29/67 PA  | RIETAL         | GLIOMA                              | NO   | III CERIFFIIIO CA                  | AUSES OF DEATH:   |
| OR CONTROL                              | ENT WAS UNDERLYING  | 218            | LPLACE OF INJURY (e.g., i           | n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? | (II in Boltimo                     | re City, give exact location)                           |
| DEATH (noti                             | fy medical examiner)  | etc.           |                                     |  |                                    |   |
| OF INJURY                               | (Month) (Doy) (Year)  |                | . INJURY OCCURRED                   | 21F. HOW DID II                                      | NJURY OCCUR?                       |   |
| (APPROX.)                               |   | Wh             | nile AI Not Whi                     |  |                                    |   |
| 22   cartif                             | v that (1) (this basnita                                    | l) ottended t  |                                     |  | 10 / 2 40                          | 9/1 1967  |
| 1                                       | ) lost sow the deceas                                       |                | G / .                               |  |                                    |   |
|   |   |                | ,                                   |  |                                    | inion death occurred on the d                           |
| 23A, SIGNA                              |   | oted obove. (  | I) (We) (did) (did not)             | view the body ofter death                            | 1.                                 | 23 B. DATE SIGNED                                       |
| I SAL SIGNA                             | 20 011  | 1.             | M.D. Att                            | ending Med.  | Stoff -                            | 9/1/-   |
| 23C.PHYSIC                              | remald F  | rauf           | Phy                                 | s. Director  | Phys.                              | 1/167.  |
| NAME                                    | (Type)  | 0              |                                     | 23D. ADDRESS UNIV. OF                                | MARYLAUK                           | HOSPITAL  |
|   | ZONALD L.   | PAVL           | M.D.                                |  | -                                  |   |
| 24A. BURIAL CE<br>REMOVAL               | (Specify) 248, DATE   | 24C.N          | AME of CENAETERY OF CR              | EMATORY 24D.   | LOCATION                           | ity, town, or county) (State)                           |
| BURIAL                                  | 9-4-6   | 7 015          | STERS (EMET                         | ERY (C   | TLEN WRI                           | M MARYLAND  |
| 25A. DATE REC                           | D BY HEALTH DEPT.   | 25B. NAME      |                                     | 256 FUNERAL DIRECT                                   | 94                                 | ADDRESS   |
|   | SEP 7 1967,   | Oloksen        | JE TOWERT                           | MAYMONDO!  | CURRIN -                           | busay, MD. 21200  |
| VS 150-REV. 1/1                         | /65   | 2              | 1 11                                | 0000   |                                    | 71  |

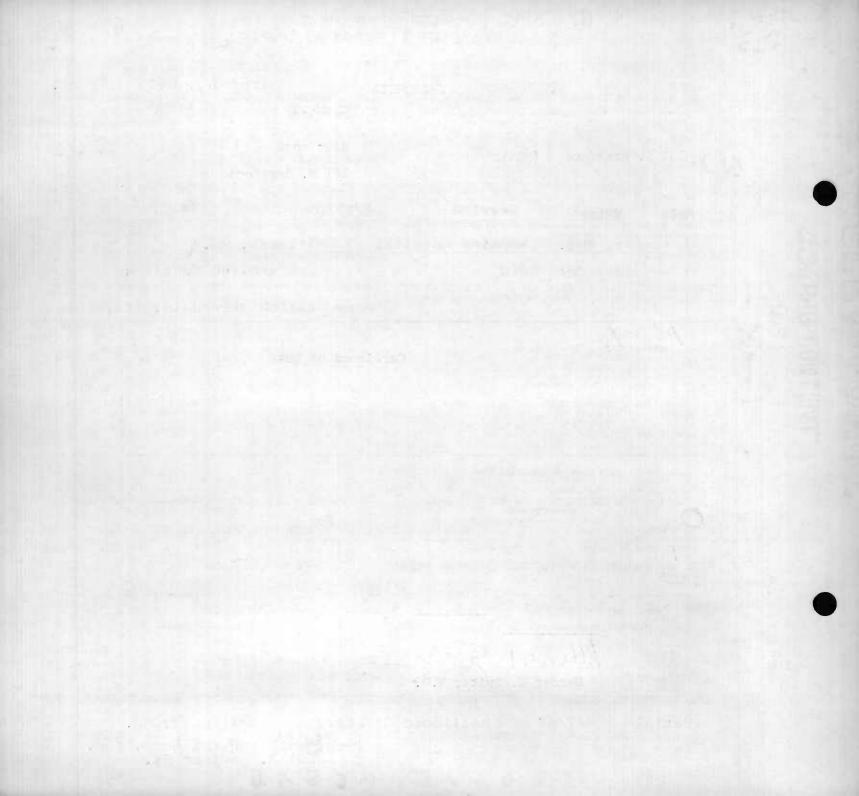


| 67 0594  | TE OF DEATH Registered No. 67 8524   |
|--|--|
| M.E. CASE NO.  1. NAME OF DECEASED (Type or Print) CAROLINE CHRISTINE ARM BROS   | 2. DATE AND HOUR OF DEATH  |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY |
| FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION  | MARY CAND  C. CITY OR TOWN (If outside city limits, write RURAL and give lawyship)                       |
| UNION MEMORIAL HOSP.   | BALTIMORE 13 66-05  D. STREET ADDRESS (If rurol, give locotion)  |
| 5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   | B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.                                       |
| WIDOWED, DIVORCED (specify) WIDOW & DOW & D  | 8-4-77 tost birthdoyl Months Doys Hours Min.   |
| 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)  7. HOUSE WIFE   | 11. BIRTHPLACE (Stote or foreign country) Philadelphia PENNSY EVANIA  12. CITIZEN OF WHAT COUNTRY? U. S. |
| 13. FATHERS NAME  PHILLIP APP  | 14. MOTHER'S MAIDEN NAME LOUISA LEVEILLE   |
| 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  212-46-9476  | 17. INFORMANT daughter ADDRESS  MRS LOUISA A MILLER SAME AS D.   |
| 118. / 2 2 1 1 1 5 0 4 3 7 = 1   | F DEATH  ERIOSCLEROTIC CARDIOVASCULAR DISEASE  USEASE  |
| heart failure, asthenio, etc. It means the diseases injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving   | ection of mostless (openation) 15 days   |
| rise to the obove cause (A) stating the UNDERLYING CONDITION lost.   | x of (R) hip 22 days   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   | WRE OF RIGHT FEMUR   |
| 21 Aug 67 WAS PERFORMED WAS PERFORMED  | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?           |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)   | fice bldg., INJURY OCCUR? THE FINES NUCLS IN GOT ME  |
| 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  Aug 10 196340 While At North Month | 21F. HOW DID INJURY OCCUR. FELL AFTER GETTIN OUT OF CHAIR  |
|  | 4 Aug 1967 to 5 Sept 1967.   |
| and haur and fram the causes stated above. (1) (We) (did) (did nat) v  |  |
| 23A. SIGNATURE   | ending Med. Stott Stott 5 Supt 1967  |
| D. H. BRANCATO M.D.  | THE UNION EMEMORIAL HASPATALAL.  |
| 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CR   |  |
| Burial 9/8/67 Eernwood Ceme 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR SEP 7 1967 P. L. & S.   | Schimunek Funeral Home, Inc. 3331, Brehms Lane   |
|  |  |

- 77 % Sen 77 Clare to 11 str. C1731/39 4 J7/103

67 8525 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67

| M.E. CASE NO.   |   |
|---|---|
| 1. NAME OF DECEASED (Type or Print)   | 2. DATE AND HOUR PRONOUNCED DEAD  |
| ADAM FREDERICK JERSCHE  | ID September 3, 1967 3:18 P. M.   |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  | A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY Maryland |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)   | C. CITY OR TOWN (II outside carparate limits, write RURAL and give township)                                      |
| INSTITUTION 15 15 1 (DOL)   | Baltimore 6-03  |
| 0 101 N. Bradford (DOA)   | D. STREET ADDRESS (II rural, give locotion) 101 N. Bradford   |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED  | B. DATE OF BIRTH 9. AGE (In years   II Under 1 Yr. If Under 24 Hrs.   |
| Male White married  | 5/12/06   last birthday  Manths, Doys, Hours, Min.  |
| TOA. USUAL OCCUPATION (Give kind of work to B. KIND OF BUSINESS OR INDUSTR done during most of working life, even it retired)  Maintenance Eng.  Hopkins Hospita  | WHAT COUNTRY?   |
| 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME  |
| Adam Jerscheid  | Caroline Cunzleman  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (II yes, give war or dates at service)  SECURITY NO.  | 17. INFORMANT ADDRESS   |
| The syllad or entitle that the syllad or galaxy at solline syllad or entitle syllad | Mary Zellick Jerscheid, wife, above   |
| DISEASE OR CONDITION DIRECTLY   | E OF DEATH INTERVAL BETWEEN ONSET AND DEATH   |
| LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, osthenic, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE   | rcinoma of Lung   |
| UNDERLYING CONDITION LAST.  |   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION   |   |
| 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED   | 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?                   |
| UTING CAUSE OF DEATH.   | in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) affice bldg., INJURY OCCUR?               |
| 21D TIME (Manth) (Doy) (Yeor) (Haur) 21E. INJURY OCCURRED (APPROX.) WHILE AT NOT WORK AT V  | 21F. HOW DID INJURY OCCUR? WHILE WORK   |
| 22. I certify that I held an Inquiry Inspection X Au  | utapsy and that an this basis, death in my apinian  |
| rasulted fram: Natural causes X Accident Suicid   | de Hamicide Undetermined manner   |
| ACTUAL MULLING IN SECURE  | CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X   |
| EXAMINER'S Werner U. Spitz, M.D.  | ASSOCIATE MEDICAL EXAMINER 9/4/67   |
| 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify) 9/7/67 Baltimore C   |   |
| 24A. DATE REC'D BY HEALTH DEPT.  SEP 7 1967 Ruch E. Falley M.   | 24C. FUNERAL DIRECTOR ADDRESS   |
| VS 151-REV. 1/1/65  | 0 0 1 4 5   |



UNION MEMORIAL HOSP 4304 MARKY AVE 46 W MARRIED 10-8-96 VIENNA Housewiff UNKNOOWN ZIMMERMHANN HELEWARK YAKROWN Lew Knybwn HUSband

Cerebral homomhage 6 hrs Probable. AUDER SHEVE

18.84

SHOPE

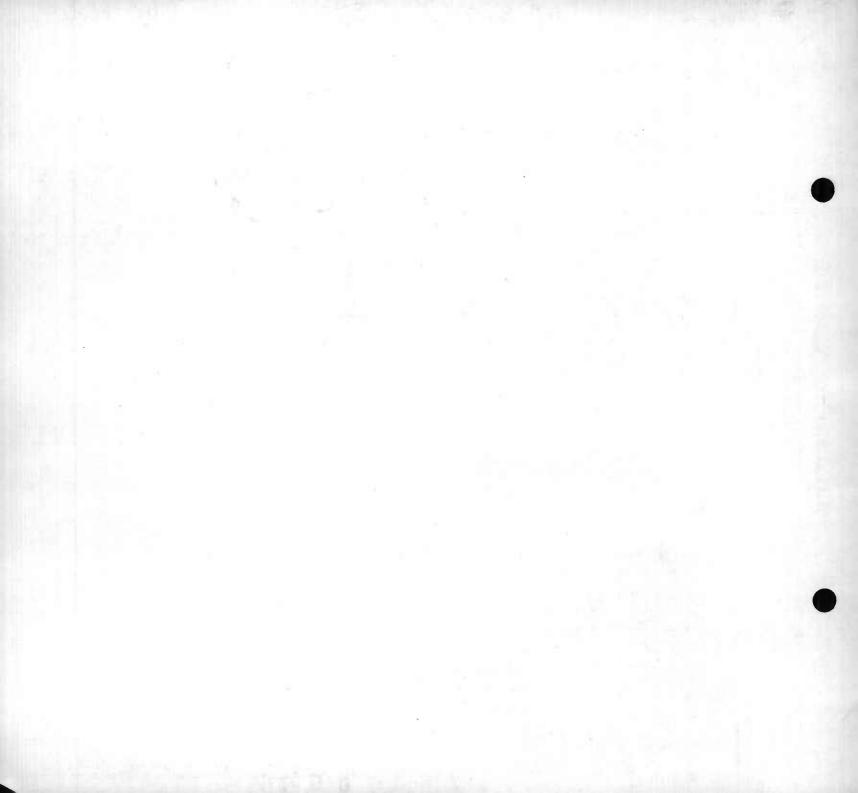
1314

Balto

10

| N              | 67 8527 CENTURE  | Y HEALTH DEPARTMENT 67 8527   |
|----------------|--|---|
| C .            | CERTIFICA  | ATE OF DEATH Registered No.   |
|                | E. CASE NO.<br>NAME OF DECEASED  | 2. DATE AND HOUR OF DEATH   |
|                | pe or Print) BENNETT. ANDREW &   | (200 5 18/2) 8 45   |
| 3,             | PLACE OF DEATH IN BALTIMORE, MARYLAND  | 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before adm                  |
|                |  | A. STATE B, COUNTY  |
|                | FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)                    | Ma.   |
|                | INSTITUTION  | C. CITY OR TOWN (If outside city limits, write RURAL and give township)                         |
| į              | 35. BALTO. GEN. HOSP.  | OALIU, LTO  |
| 1              | 55. 84270  | D. STREET ADDRESS (If rurol, give locotion)   |
|                |  | 1109 DYRD JV.   |
| 5.             | SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  | B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr., If Under lost birthday)  Months: Doys Hours  |
|                | MIDOWED, DIVORCED (specify)  | 5/29/03 64  |
|                | A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR  | Y 11, BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?                       |
| d              | re during most of working life, even if retired)   | MAC. WHAT COUNTRY?  |
| 1              | FATHER'S NAME  | 14, MOTHER'S MAIDEN NAME  |
|                | 7  | 14, MOTHER'S MAIDEN NAME  |
|                |  |   |
| 1:             | Was Deceased Ever in U. S. Armed Forces? ss, no or unknown) (If yes, give wor or dates of service)  SECURITY NO. | 17. INFORMANT ADDRESS   |
|                | ss, no or unknown) (If yes, give wor or doles of service)  SECURITY NO.  | FAMILY-DAME   |
| _              |  |   |
|                | 1001   | OF DEATH / INTERVAL BETW ONSET AND DE   |
|                | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   | PONCHOGENIC CA. 4 mc  |
|                | (This does not mean the mode of dying, e.g., DUE TO  | CANCACJENICE CALL   |
|                | heart failure, asthenia, etc. It means the disease,  |   |
|                | injury or complication which caused deoth.)  |   |
|                | ANTECEDENT CAUSES  (B)  DUE TO   |   |
|                | DISEASES OR CONDITIONS, if any, giving   |   |
|                | rise to the obave cause (A) stoting the (C) UNDERLYING CONDITION lost.   |   |
|                | II .   |   |
| 3              | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  |   |
| 1              | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |   |
| Ornalitic Avio | 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION  | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| 1              | WAS PERFORMED  | No IN CERTIFFING CAUSES OF DEATH?   |
|                | OR CONTRIBUTING CAUSE OF   | in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)                         |
| 1              | OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.   | office bldg., INJURY OCCUR?   |
| 1              | 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED   | 21F. HOW DID INJURY OCCUR?  |
| 44000          | OF INJURY While At Not Wh  |   |
|                | (APPROX.) Work At Work   | k 🖳   |
|                | 22. I certify that (I) (this haspital) ottended the deceased from  | MAY 19 67 to 2007 5 19  |
|                | that (I) (we) last sow the deceased alive an DOT.  | J 19 6 ond that in(my) (our) apinian death accurred on  |
|                | and hour and from the causes stated above. (1) (We) (did) (did not)  |   |
|                | 23A. SIGNATURE   | 23 B. DATE SIGNED   |
|                | M.D. AI  | Hending Med. Stoff  |
|                | Vionas V. Cmorn Ph   | ys. Director Phys.  |
|                | 23C. PHYSICIAN'S<br>NAME (Type)  | 23D. ADDRESS  |
|                | THOMAS V. EMERY. M.D   | SB6N.   |
| 2              | A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI   | REMATORY 24D. LOCATION (City, town, or county)  |
|                | KEMOVAL ISPECITY   | an Com Ratt   |
| 2              | A. DATE REC'D BY HEALTH DEPT.   258. NAME OF REGISTRAR   | Josef Elines and Director   |
| 4              | a final on   | 259. FUNERAL DIRECTOR ADDRESS   |
| _              | SEP 7 1967 Relate E. Jackey M.A.   | 1 1 July - 100 Forg 1731.   |
| Í              | 150-REV. 1/1/65  | 0 8 5 47/   |

FUNERAL DIRECTOR: IMPORTANT



BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED

VS 150-REV, 1/1/65

the

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No

If Under 24 Hrs.

Hours

SAME

(State)

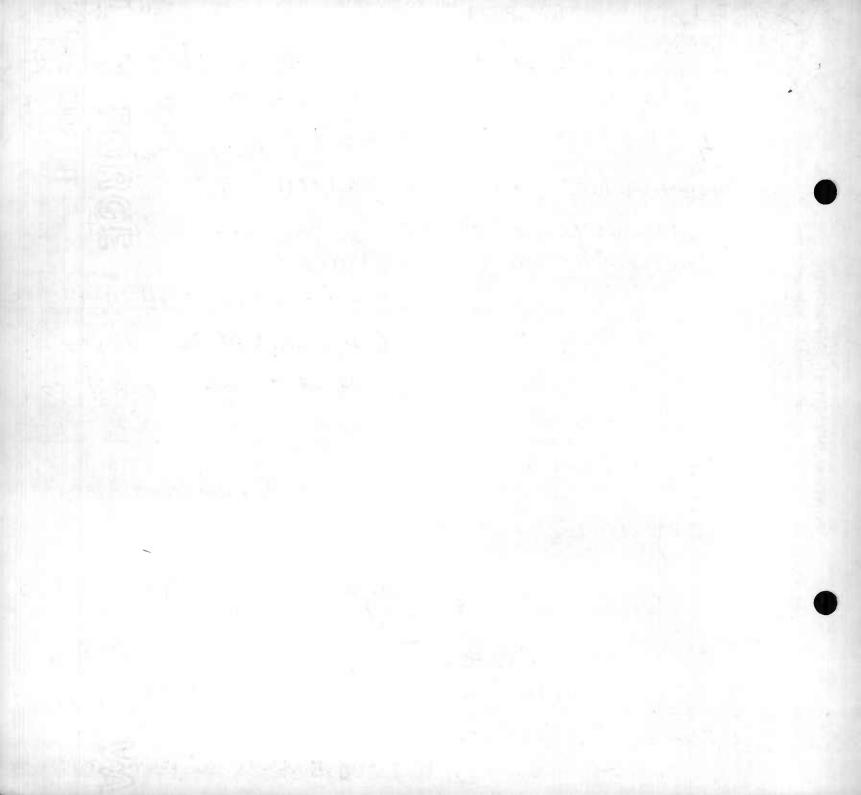
INTERVAL BETWEEN ONSET AND DEATH

2. DATE AND HOUR OF DEATH

RECORDERT ANTATANA ORNAMETYON Y
ANTARE AMAZINAM POTALA

Larry Q. Warner

BALTIMORE CITY HEALTH DEPARTMENT Registered No. DATE AND HOUR OF DEATH (Where deceased lived, If institution; residence (If outside city limits, write RURAL and give jownship) 9. AGE (In Months Doys Hours Il Under 24 Hrs. lest birthdov BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fereign country 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes et Ne) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Beltimore City, give exact location) 21F. HOW DID INJURY OCCUR? ond that in (my) (our) opinion death occurred on the date 23B. DATE SIGNED Steff VS 150-REV. 1/1/65



| RIPT         | н но. 67  | 8530 CERTIFICA  | ATE OF DEATH   | Registered No.                          | 67 8530  |  |
|--------------|---|---|--|---|--|--|
| M.E          | CASE NO.  | OUGO CERTIFICA  |  |   |  |  |
|              | AME OF DECEASED e or Print) E 1 P 600 A   | SAMUEL  |  | HOUR OF DEATH                           | 167 7.18 A   |  |
| 3. P         | LACE OF DEATH IN BALTIMORE, MAI   | /   |  |   | stitution: residence before admission                    |  |
|              |   |   | A. STATE B. COUNTY   |   |  |  |
| -            | IOSPITAL OR oddress or location   | or institution, give stroot                           | C. CITY OR TOWN (If outs   | ide city limits, write f                | PURAL and give township                                  |  |
| 11           | NSTITUTION  | HA = 0, 7710  | BALTIMORE  | too ony mino, wine k                    | 53-00  |  |
| 2            | 12 SINAI  | HOSQ, 7710  | D. STREET ADDRESS (If m  | urol, givo location)                    |  |  |
| 1            |   |   | 7619 ed  | arla R                                  | 4.# 8  |  |
| 5 <b>. S</b> |   | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) | B. DATE OF BIRTH 9.  | . AGE (In years<br>ost birthday)        | If Under 1 Yr. If Under 24 Hrs<br>Months Doys Hours Min. |  |
|              | nn w  | nn arkied   | 4-1-97   | 70                                      |  |  |
|              | USUAL OCCUPATION (Give kind of work during most of working life, even if retired) | 108. KIND OF BUSINESS OR INDUST                       | RY 11. BIRTHPLACE (State or loreig   | n country)                              | 12. CITIZEN OF WHAT COUNTRY?                             |  |
|              | SALESMAN  | AUTO PARTS  | BALTIMORE. MA  | RVIAND                                  | USA  |  |
| 3. 1         | TATHER'S NAME   |   | 14. MOTHER'S MAIDEN NAM  | Ē                                       |  |  |
| 1            | OUIS FURMAN   |   | UNKNOWN  |   |  |  |
| 15. 1        | Nos Decoosed Ever in U. S. Armed Fore, no or unknown) (II yes, give wer or dete   | s of service) 1 6. SOCIAL SECURITY NO.                | 17. INFORMANT  |   | ADDRESS  |  |
|              | ES W.W. 1   |   | MRS. IDA FURMA   | N 7610 CAD                              | LA ROAD #9   |  |
|              | 1B. 2011+2  | CAUSE   | OF DEATH   | N, 7619 CAR                             | INTERVAL BETWEEN   |  |
|              | DISEASE OR CONDITION DIR  | ECTLY /   |  |   | ONSET AND DEATH  |  |
|              | LEADING TO DEATH  | (A) /3  | CUTE RENA  | 6 FAILU                                 | RE 2186.   |  |
|              | (This does not meen the mode of heart failure, asthenia, etc. It means            | dying, e.g., DUE TO                                   | <b>. 0.0</b> °C × × + + <sub>0.0</sub> × + + + + + + + + + + + + + + + + + + | 15005000000000000000000000000000000000  | 0 000 140 (140 140 140 140 140 140 140 140 140 140       |  |
|              | injury or complication which coused   | deoth.)   | ardiogenic   | Shock                                   |  |  |
|              | ANTECEDENT CAUSES   | (B) C   |  |   |  |  |
|              | DISEASES OR CONDITIONS, if  | ony, giving   | PUTO DIGORG  | GAMATIC                                 |  |  |
|              | rise to the obave cause (A) UNDERLYING CONDITION last.                            | sloling the (C)                                       | CUTE Diapha  | VICE                                    |  |  |
|              |   | 3   | ordening Tulous  |   |  |  |
| N<br>O       | OTHER SIGNIFICANT CONDITIONS C  | ONTRIBUTING DIA                                       | botos pre  | 11,505                                  |  |  |
| ATI          | TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I                          |   |  |   |  |  |
| FIC          | 19A. DATE OF OPERATION 19B. CON   |   | 20 A. AUTOPSY? (Yes or No)   | 20B. IF YES, WERE F                     | FINDINGS CONSIDERED                                      |  |
| CERTIFIC     | 0   |   |  |   |  |  |
|              | 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF                            | homo, form, foctory, street,                          | in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?                      | (If in Boltimore                        | City, give exact location)                               |  |
| CAL          | DEATH (notify medical examinar)   | etc.)   |  |   |  |  |
| MAJ (        | 21 D. TIME (Month) (Doy) (Your) OF INJURY   | (Hour 21E, INJURY OCCURRED                            | 21F. HOW DID INJU  | RY OCCUR?                               |  |  |
| 2            | (APPROX.)   | While At Work At Wo                                   |  |   |  |  |
|              | 22. I certify that (1) (this hospital   | ) ottended the deceased fram                          | 8-28- 19   | 9 67to 9                                | 7-1, 1967  |  |
|              |   |   | . 3  |   | nion death accurred on the da                            |  |
|              | and haur and fram the causes stat   |   |  | , |  |  |
|              | 23A. SIGNATURE  | ad abaves (i) (iie) (ala) (ala libi)                  | view like oddy offer deoill.   |   | 23B. DATE SIGNED   |  |
|              | A. 8 au   | / 2 M.D. A  | ttending Med. S  | itoff 🔽                                 | Sep7-116   |  |
|              | 23C. PHYSICIAN'S  | / PI  | 23D. ADDRESS   | hys.                                    |  |  |
|              | NAME (Typo) F D A K USC   | TO Jain & M.  | 5 16/12/   | HOSQ17                                  | al   |  |
| 24.5         | , , , , , ,   |   |  |   |  |  |
| 24 A         | REMOVAL (Specify)   | 24C. NAME of CEMETERY OF C                            | REMATORY 24D. LO   | CATION                                  | ty, town, or county) (State)                             |  |
|              | BURIAL 9/1/67   | BNAI ISRAEL   | BAL 25C. FUNERAL DIRECTOR  | TIMORE . MAR                            | YAAND  |  |
| 25A          | DATE REC'D BY HEALTH DEPT.  | 25B. NAME OF REGISTRAR                                |  |   |  |  |
|              | VLI 6 1307 (  | Robert E. Farby MA                                    | O SOIL LEVINSON  | E BROS. INC                             | ., 6010 REIST., R  |  |
| 140          | CO DEN. 3/3/65  | 17  |  |   | 1  |  |

1.2.1 2.3

| was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. |
|--|

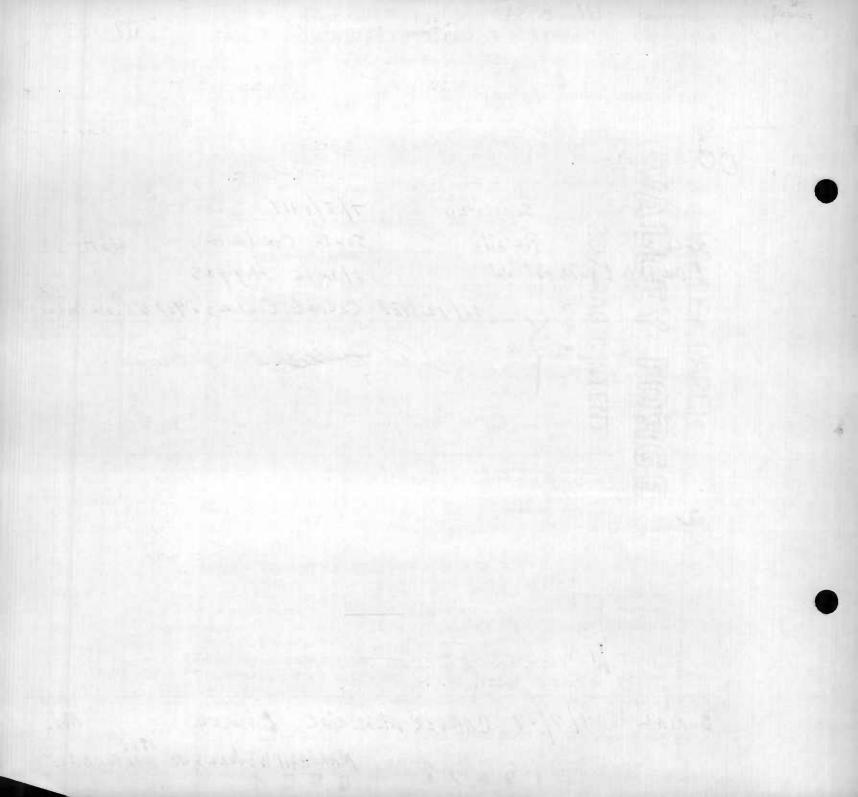
| (2)                | 67   | 9594 BALTIMORE CI                                     | Y HEALTH DEPARTMENT               |  | 6/ 8531  |
|--------------------|--|---|-----------------------------------|--|--|
| -                  | BIRTH NO.  | 8531 CERTIFICA  | ATE OF DEATH                      | Registered No.                           | . 0001   |
|                    | M.E. CASE NO.  1. NAME OF DECEASED   | 1/1/2010  | 2. DATE AN                        | D HOUR OF DEATH                          | 7.7.5  |
|                    | (Type or Print) ESTER  | HAKKIS  | 8                                 | 131/67                                   | 3.30 Pim.  |
|                    | 3. PLACE OF DEATH IN BALTIMORE, MAI  | MLAND   | A. STATE B. COUN                  | e deceased lived. Il'insti<br>TY         | tution: residence before odmission)                    |
|                    | FULL NAME OF (II not in hospital of  | or institution, give street                           | MD.                               |  |  |
| 2                  | INSTITUTION  |   | C. CITY OF TOWN (II out           | side city limits, write RU               | RAL and give township                                  |
| 2                  | EPANKIINI GOI  | IADE MACD   | D. STREET ADDRESS (If             | rurol, give location)                    | / 0 0  |
| 6                  | 114110KLITO SOL  | MET HOSP.   | 1100 130                          | DRN 81                                   |  |
| E                  | 5. SEX   | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) | DAY OF BIRTH                      | 9. AGE (In years                         | If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. |
| S                  | 10A. USUAL OCCUPATION (Give kind of work                                   | 108. KIND OF BUSINESS OR INDUST                       | RY 11. BORTHPLACE (State or fore) | on country)                              | 12. CITIZEN OF   |
| 0                  | done during most of working life, even if refired)                         | 100, NITE OF BOSINESS OR NIEDOSIN                     | RHESTER                           | 0 0                                      | WHAT COUNTRY?  |
| disposition        | JABORER 13. FATHERS NAME   |   | 14. MOTHER'S MAIDEN NAM           |  | 0 273  |
| 200                | ANDY HANKI   | 15  | Drinia L                          | 1/4                                      |  |
|                    | 15, Was Deceased Ever in U. S. Armed Ford                                  | es? 1 6. SOCIAL                                       | 17. INFORMANT                     | 1  | ADDRESS  |
| Tind               | (Yes, no or unknown) (If yes, give wor or dote:                            | ol service) SECURITY NO.                              | FSA R                             | ECOR!                                    | )5   |
| 0                  | 18. 2 3 / V I  | CAUSE   | OF DEATH                          | 1 10                                     | INTERVAL BETWEEN                                       |
| 0                  | DISEASE OF CONDITION DIR   | ECTLY   | h. 100-11                         | D 0                                      | ONSET AND DEATH  |
| E                  | LEADING TO DEATH (This does not meon the mode of                           |   | ebro Voscula.                     | - HECI QU                                |  |
| empalm             | heart failure, asthenia, etc. It means injury or complication which coused |   |                                   |  | 13   |
| 9                  | ANTECEDENT CAUSES  | (8)   |                                   |  |  |
| 910                | DISEASES OR CONDITIONS, if   | ny, giving  |                                   |  |  |
| Su                 | rise to the obave couse (A) UNDERLYING CONDITION lost.                     | sioling the (C)                                       |                                   | 888 888 84 84 84 84 84 84 84 84 84 84 84 | _  |
| 9                  | Z OTHER SIGNIFICANT CONDITIONS C   |   |                                   |  |  |
| e                  | O OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT  | TED TO THE  |                                   |  |  |
| betore the remains | 19A. DATE OF OPERATION 19B. CON  | DITION FOR WHICH OPERATION                            | 20A. AUTOPSY? (Yes or No.         | 20B. IF YES, WERE FIN                    | IDINGS CONSIDERED                                      |
| 0                  |  |   | 925                               |  |  |
| eto                | OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)                   | home, form, foctory, street, etc.)                    | olfice bldg., INJURY OCCUR?       | (If in Boltimore C                       | City, give exact location)                             |
|                    | 0  | · · · · · · · · · · · · · · · · · · ·                 | 215 11014 515 1511                | 157 0 0 0 1 1 22                         |  |
| ained              | OF INJURY (APPROX.)  (Month) (Day) (Year)                                  | While At Not W  | 21 F. HOW DID INJI                | DRY OCCUR?                               |  |
| btai               |  | Work At Wo  | RI TO                             | 62 4                                     | 121 62   |
| 0                  | 22. I certify that (I) (this hospital)                                     |   | - / - /                           | 9 6 /10                                  | 19.0   |
| 0                  | ond hour and from the causes stat  |   |                                   | or in (my) (aur) opini                   | an death accurred on the date                          |
| m US†              | 23A. SIGNATURE   | ed dbove. (v) (we) (bid) (did hor)                    | view the body offer deoffi.       | 2  | 3B. DATE SIGNED  |
| Ε                  | Hecto View   | rocino M.D. A   |                                   | Stoff<br>Phys.                           | 8/31/67  |
| approval           | 23C. PHYSICIAN'S<br>NAME (Type)  |   | 23D. ADDRESS                      | 12 00                                    | 1100   |
| bud                | HECTOR 1   | FELICIANO M.E   | PRANKLI                           | 10 80,                                   | HOSP.  |
|                    | 24A. BURIAL CREMATION, 24B. DATE   | 24C. NAME OF CEMETERY OF C                            | REMATORY 240 LC                   | CATION , City,                           | town, or county) (Stote)                               |
| 0                  | 15mm 9/1/6   | I Int Lacra   | 7 the                             | n Dunner                                 |  |
|                    | 25A. DATE REC'D BY HEALTH DEPT!  | DED MIANAE OF BECIETAAR                               | 25CAFUNERAL DIRECTOR              | 0 1                                      |  |
| WILLIAM            | SEP 7 1967   | 258. NAME OF REGISTRAR                                | man hand                          | P Honor 13                               | SNGILMON SO  |

25 24 247 A Route de My

| D/ 8032 BALTIMORE  | CITY HEALTH DEPARTME   | NT  | 67 8520                        |
|--|--|---|--------------------------------|
| BIRTH NO. MEDICAL EXAMINE  | R'S CERTIFICA  | TE OF DEATH Registered                                | No. 00002                      |
| M.E. CASE NO.  | Control of the contro |   |                                |
| 1. NAME OF DECEASED  |  | 2. DATE AND HOUR PRONOUNCED                           | DEAD                           |
| JAME'S H.  | POWELL   | August 31, 1967                                       | 11:40 P.M.                     |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD   | 4. USUAL RESI  | DENCE (Where deceased lived, If institution B. COUNTY | n: residence befare admission) |
|  | Marvi  | and B. COUNTY   |                                |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE S ADDRESS OR LOCATION)   |  | OWN (If autside corporale limits, write RU            | RAL and give township)         |
| INSTITUTION  | Balti  | maxa  | 14-07                          |
| 209 N. Mount Street  |  | DRESS (If rural, give location)                       | 1102                           |
| 00   | 11   | W. Mount Street                                       |                                |
|  |  |   |                                |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARR WIDOWED, DIVORCED(spe  |  |   | Under 1 Yr. If Under 24 Hrs.   |
| Male Negro Quonco  | JANA   | 07/897 68   |                                |
| 10A USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR   | INDUSTRY 11. BIETHPLACE  |   | CITIZEN OF                     |
| COTIET MORAT CONCR WHOLE. ME   | CATE BAUT  | CMD   | WHAT COUNTRY?                  |
| 13. FATHER'S NAME  |  | MAIDEN NAME   | 9511                           |
| Mary Honey Paris   | 5.0  | Conses  |                                |
| SHAIES HOUNT / OWOLL   | DAKA   | 4 Cooper  | DDRESS /                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)  16. SOCIAL SECURITY  | NO.  | AL.   | DRESS/                         |
| NO_  | 4/105  | WINSTON 1547  | SOMESTER 1 VO                  |
| 118, / 9   | CAUSE OF DEATH   | 00,0010.  | INTERVAL BETWEEN               |
| 420,11   | onoug or partiti   |   | ONSET AND DEATH                |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   |  | 0 1: 1. 2:  |                                |
| (This does not mean the mode of dying, e.g., DILE  | rterioscieroti   | c Cardiovascular Dise                                 | ease                           |
| heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  |  |   |                                |
|  |  |   |                                |
| ANTECEDENT CAUSES  |  |   |                                |
| DISEASES OR CONDITIONS, IF ANY, GIVING DUI   | E TO   |   |                                |
| UNDERLYING CONDITION LAST.   |  |   |                                |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERA  |  |   |                                |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  |  |   |                                |
| TO THE DEATH BUT NOT RELATED TO THE  |  |   |                                |
| DISEASE OR CONDITION CAUSING IT.   |  |   |                                |
|  | TION 20 A. AUTOP   | Y? (Yes or Na) 20B, IF YES, WERE FINDING CAUSES       |                                |
|  |  | No  |                                |
| ✓ 21 A, EXTERNAL CAUSE WAS  O UNDERLYING OR CONTRIB-   | URY (e.g., in or obout 21C.  | WHERE DID (If in Boltimore City, give e               | xoct location)                 |
| UTING CAUSE OF DEATH.  |  |   |                                |
| ZID TIME (Month) (Day) (Year) (Hour) 21E. INJURY O   | CCURRED 21F. I   | HOW DID INJURY OCCUR?                                 |                                |
| OF INJURY (APPROX.)  WHILE AT WORK   | NOT WHILE  |   |                                |
| 22.  | F  |   |                                |
| I certify that I held an Inquiry Inspection  | X Autopsy o  | nd that on this basis, death In my a                  | pinion                         |
| resulted fram: Natural causes X Accident   | Suicide Homi   | cide Undetermined manner                              |                                |
| 111.   | CHIEF  | MEDICAL EXAMINER                                      | DATE SIGNED                    |
| ACTUAL MESMEL TOTAL  | M.D. ASSISTANT   | MEDICAL EXAMINER X                                    | DATE SIGNED                    |
| SIGNATURE (LLC)  |  | MEDICAL EXAMINER                                      | 9/1/67                         |
| EXAMINER'S Werner U. Spitz, MD.  | ASSOCIATE  | MEDICAL EXAMINER                                      | 7/1/0/                         |
| 23A. BURIAL CREMATION, 23B. DAJE 23C. NAME of C  | EMETERY or CREMATORY   |   | vn, or caunty) (Stote)         |
| SANOVAL (Specify) 9/6/67 WOST  | chN. Hon   | Carons VILLE  | MJ                             |
|  |  | RAL DIRECTOR  | ADDRESS .                      |
|  | SZ4C. FUNE   | L O D - 191   | 11.0001.(1                     |
| SEP 7 1967 R. Reef E. Farber   | Ma Ban   | han P Hays 638 N                                      | Cicuio of                      |
| The state of the s | h  |   |                                |

Same the land more than the same Lever from former 756 Thethe was you hard done Charles 9/0/47 everyone 44 con Commerce 10

| DIDT         | H NO.                 |  |                              | A MINIED'S CE                                   | ERTIFICATE O  | E DEATH Pagis                      | 67. 8534   |
|--------------|-----------------------|--|------------------------------|---|---|------------------------------------|--|
|              | CASE NO.              | MILDI  | CALLA                        | MAMINALK 5 CI                                   | LKIIIICAILO   | DEATHROGIS                         | 0100 1101  |
| 1. P         | NAME OF DEC           | EASED  |                              |   | 2. DATI   | E AND HOUR PRONOUNG                | CED DEAD   |
| (Тур         | MARIE                 | 4.   |                              | WALTON  | So  | ptember 4, 19                      | 67   1:15 A. M.  |
| 3. P         |                       | IMORE, MARYLAND, W                           | HERE PRONOL                  |   | 4. USUAL RESIDENCE (W                               | There deceased lived. If in 8. CO  | stitution: residence before admission                        |
| HO           | L NAME OF             | (IF NOT IN HOSPITA<br>ADDRESS OR LOCA        | AL OR INSTITUTION)           | JTION, GIVE STREET                              | Maryland C. CITY OR TOWN (If a                      | outside corporate limits, wri      | te RURAL ond give township)                                  |
| 1            | 10/7 0                | 0+   |                              |   | Baltimore   |                                    | 101  |
|              | 1047 8                | pring St.                                    |                              |   | D. STREET ADDRESS (IF                               |                                    |  |
| 5. S         | EX                    | 6. RACE                                      | WIDO WED, I                  | NEVER MARRIED<br>DIVORCED (specify)             | 8. DATE OF BIRTH                                    | 9. AGE (In years<br>lost birthdoy) | If Under 1 Yr, If Under 24 Hrs,<br>Months, Doys, Hours, Min. |
|              | emale                 | Negro  | JEPAR                        | 111   | 11. BIRTHPLACE (State or                            | foreign country)                   | 12. CITIZEN OF   |
|              |                       | working life, even if retired)               | RETAIL                       | /   | . 11  | reclinia                           | WHAT COUNTRY?  |
| 13.1         | ATHER'S NAN           | IE /   | 1                            |   | 14. MOTHER'S MAIDEN                                 | NAME                               |  |
|              | = DWAL                | RD LIVING.                                   | STOW                         |   | MAMIE   | H09 945                            |  |
|              |                       | D EVER IN U.S. ARMED                         |                              | 16. SOCIAL<br>SECURITY NO.                      | 17. INFORM ANT                                      |                                    | ADDRESS 5%   |
|              |                       | 700, 310 1101 01 0010                        | 0 01 3011100                 | 219-12-5988                                     | CELIAL,   | COUSIN'S - 96                      | IN. CLOSEDALE  |
|              | 18.                   | 20.  |                              | CAUSE   | OF DEATH  |                                    | INTERVAL BETWEEN   |
|              | DISEAS                | SE OR CONDITION DI                           | ECT! V                       |   | 1   | /                                  | ONSET AND DEATH  |
|              |                       | LEADING TO DEATH                             |                              | IA) UC  | ute alcok   | alica Into                         | lication   |
|              | (This does r          | not mean the mode of asthenia, etc. It means | dying, e.g.,<br>the discose, | DUE TO  |   | 4                                  | W. A   |
|              | injury or cor         | mplication which caused (                    | de oth.)                     |   |   |                                    |  |
|              |                       | NTECEDENT CAUSES                             |                              | (8)   |   |                                    |  |
|              | RISE TO TH            | OR CONDITIONS, IF A E ABOVE CAUSE (A) ST     | NY, GIVING                   | DUE TO  |   |                                    |  |
| _            | UNDERLYIN             | NG CONDITION LAST.                           |                              | (C)   |   |                                    |  |
| Õ            |                       | 11   |                              | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \           | 9.0.0.0000.0000.000.0000.0000.0000.0000.0000        |                                    |  |
| ERTIFICATION | OTHER SIGN            | NIFICANT CONDITIONS<br>DEATH BUT NOT REL     | CONTRIBUTION                 | NG<br>HE  |   |                                    |  |
| 1            | DISEASE O             | R CONDITION CAUSING                          | IT.                          | ***************************************         |   |                                    |  |
| S            | 19A. DATE OF          | OPERATION 198, CON                           |                              | WHICH OPERATION                                 | 20 A. AUTOPSY? (Yes or                              | No) 20B. IF YES, WERE F            | INDINGS CONSIDERED JSES OF DEATH?                            |
| 1            | OLA EVTERNA           | L CAUSE WAS                                  | 018                          | DI A CE OF INTURY                               | Yes   | ND (IC: P.IC: C:                   |  |
| O            | UNDERLYING            | OR CONTRIB-<br>SE OF DEATH.                  | home<br>etc.)                | , form, factory, street, a                      | in or obout 21 C. WHERE D. ffice bldg., INJURY OCCU | R?                                 | jive exoct toconon?  |
| Σ            | 21D TIME<br>OF INJURY | (Month) (Doy) (Year                          | (Hour) 2                     | TE. INJURY OCCURRED                             | 21 F. HOW DID                                       | INJURY OCCUR?                      |  |
|              | (APPROX.)             |  | m. V                         | VHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO | WHILE ORK   |                                    |  |
|              | 22.                   | tify that I held an I                        |                              |   | opsy X and that a                                   | in this basis, death in            | my aninian   |
|              |                       |  |                              |   |   |                                    |  |
|              | resul                 | ted fram: Natural cau                        | ses A                        | ccldent Suicide                                 | The second second second second                     | Undetermined man                   | ier [  |
|              | ACTUA                 | 1.00,  |                              | 52, _   | CHIEF MEDICAL                                       |                                    | DATE SIGNED  |
|              | SIGNAT                | URE MUSS                                     | 50                           | M. D.   | ASSISTANT MEDICA                                    |                                    | 9/4/67   |
|              | EXAMIN<br>NAME (      | Type) Welliel                                | , .                          | 1   | ASSOCIATE MEDICA                                    |                                    |  |
|              | BURIAL CRE            |  | 23                           | C. NAME OF CEMETERY O                           | CREMATORY 2   | 3D. LOCATION (Cit                  | y, town, or county) (State)                                  |
| -            | URIAL                 | - 19/7/                                      | 67 (                         | CARVER M  | emorial.  | CAUREL                             | Md.  |
| 24A          | . DATE REC'D          | BY HEALTH DEPT.                              | 245, NAME                    | OF REGISTRAR                                    | 24C. FUNERAL DIRE                                   | CIOR 1                             | 1733 DUKESS  |
|              |                       | CED 7 1067                                   | 000                          | - 2 Falleyma                                    | MARSHALL  | WI JONES, JR.                      | 1933 DDRESS<br>HARFORD AUE.                                  |
| VS           | 151-REV. 1/1/         | 69 LI 6 1001                                 | 0000                         | 5 / 0 1   | 0011  | 4                                  |  |



| BIRTH NO. 67 85   |  | E OF DEATH   | Registered No.                                 | 67 8535  |
|---|--|--|--|--|
| M.E. CASE NO.   | 35 CERTIFICAT  | E OF DEATH   |  |  |
| 1. NAME OF DECEASED (Type or Print)  NORMAN  P  | FLOCK  |  | HOUR OF DEATH                                  | 2:10   |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND  |  | 4. USUAL RESIDENCE Where   | deceased lived. If institut                    | ion: residence before admission)                   |
|   |  | A. STATE B. COUNT  | Υ  |  |
| FULL NAME OF (If not in hospital or institution oddress on location)  |  |  | ide city limits, write RURA                    | L and give township)                               |
| INSTITUTION Secares   | Hospital   | 3038   | Star land                                      | 1 1 20-06  |
| 34 2025 West Foxe   | tto St   | O. STREET ADDRESS (III ru  | irol, give location                            |  |
| 0   |  | Salt   | inne to  | 2/223  |
|   | ED, NEVER MARRIED<br>VED, DIVORCED (specify)                                   |  | 4  | Under 1 Yr. If Under 24 Hrs. Onths Doys Hours Min. |
| 10A, USUAL OCCUPATION (Give kind of work 10B, KIND  | OF BUSINESS OR INDUSTRY 1  | 1. BIRTHPLACE (State or foreig   | n country)                                     | CITIZEN OF   |
| done during most of working life, even if retired)  |  | -  | 0 0  | WHAT COUNTRY?                                      |
| Ret, Pittsb   | ourgh Plate Glass  | . MOTHER'S MAIDEN NAM  | and Balto                                      | o. U. S. A.  |
| Philys Flock  |  | C -  | Sick   |  |
| 15. Was Deceased Ever in U. S. Armed Forces?  |  | 7. INFORMANT   |  | ADDRESS  |
| (Yes, no or unknown) (If yes, give wor or dotes of service  |  | Mrs Edne E W   | net 3038 Staff                                 | ord St. Balto. Md.                                 |
| 18. 24 0 0  | CAUSE OF   |  | JOE JOJO BIGATI                                | INTERVAL BETWEEN                                   |
| DISEASE OR CONDITION DIRECTLY   |  |  | <b>A</b> 1 *1                                  | ONSET AND DEATH                                    |
| LEADING TO DEATH  (This does not mean the mode of dying, e.   | (A) A  | Lougestive her   | int failure                                    | moully.  |
| heart failure, osthenia, etc. It means the disea  |  |  |  |  |
| injury or complication which caused death.)  ANTECEDENT CAUSES  | (B) A 9  | C.V.D  |  |  |
| DISEASES OR CONDITIONS, if ony, givi  | DUE TO   | ത്രത്ത്യ ഒരു വരുന്നു. ഇത് വരുന്നു കൊവ്ന് വരുന്നു വരുന്നു വരുന്നു വരുന്നു വരുന്നു വരുന്നു. വരുന്നു വരുന്നു വരുന | 990000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0         |  |
| rise to the obove couse (A) stoting t   |  | ***************************************  | ••••••••                                       |  |
| UNDERLYING CONDITION last.  |  |  |  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUT  | ING  |  |  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUT<br>TO THE DEATH BUT NOT RELATED TO<br>DISEASE OR CONDITION CAUSING IT. | THE  |  |  |  |
|   | R WHICH OPERATION  | 20A. AUTOPSY? (Yes or No)  | 20B. IF YES, WERE FIND<br>IN CERTIFYING CAUSES | INGS CONSIDERED                                    |
| ER C  |  |  |  |  |
| OR CONTRIBUTING CAUSE OF  | 21B. PLACE OF INJURY (e.g., in<br>nome, form, foctory, street, office<br>etc.) | e bldg., INJURY OCCUR?   | (If in Boltimore Cit                           | y, give exact location)                            |
| 0   | TE, INJURY OCCURRED  | 21F. HOW DID INJU  | IRY OCCUR?                                     |  |
|   | While At Not While   |  | KI OCCOK:                                      |  |
|   | Work Al Work   | 2/,  | 7.3  | 01/  |
| 22. I certify that (I) (this hospital) attended   | d the deceased from  |  |  | , .,   |
| that (I) (we) lost saw the deceased alive or  |  |  | t in(my) (our) opinion                         | deoth occurred on the dote                         |
| and hour and from the couses stated above.  23A. SIGNATURE  | (I) (We) (did) (did not) vie   | w the body after death.  |  | DATE COME  |
| Answarous   | M.D. Attend  | ding Med.  |  | CALLA / S  |
| 23C.PHYSICIAN'S   | M.D. Attend  | D. ADDRESS   | Stoff<br>Phys.                                 | 9/4/6/   |
| 23C. PHYSICIAN'S<br>NAME (Type) EE SAR A.   | BRAVO M.D.   |  | urs Hospi                                      | tal.   |
| 24A. BURIAL CREMATION, 24B. DATE 24C.   | NAME of CEMETERY OF CREM   | ATORY 24D. LO  |  | own, or county) (Stote)                            |
| Burial Sept. 7. 1967  | Loudon Park Cem  | Bal  | to. Md.  |  |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM  | E OF REGISTRAR   | 25C. FUNERAL DIRECTOR  |  | ADDRESS  |
| SEP 7 1967 Robert &   | touleuman o  | G; Truman Schw   | ab 3512 Freder                                 | rick Ave. Balto. Md                                |
| VS 150-REV, 1/1/6S  |  |  | The same of                                    | TOTAL DIET FOR THE                                 |

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- OU: E

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RETIRED-US GOVY, U.S. GOVERNMENT MARKE IN

220 44 5080 ST AGNES RECURDS - WILLICKS SILLED

OR. ROUDLED M. REVILLA SV. ASHES HOSFIFAL CATON S WILKENS AVE.

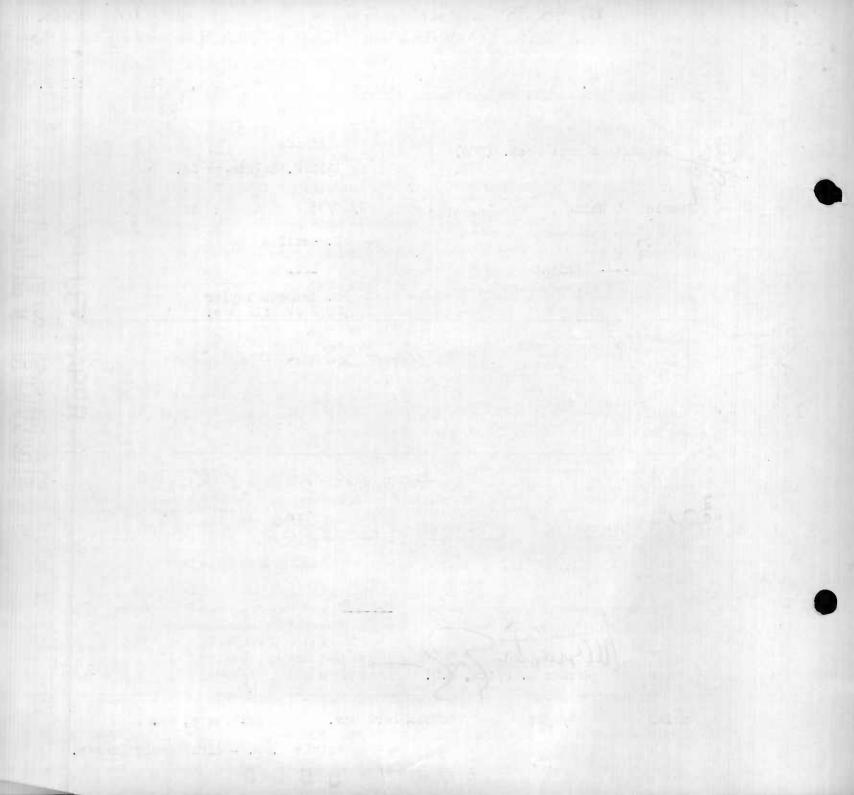
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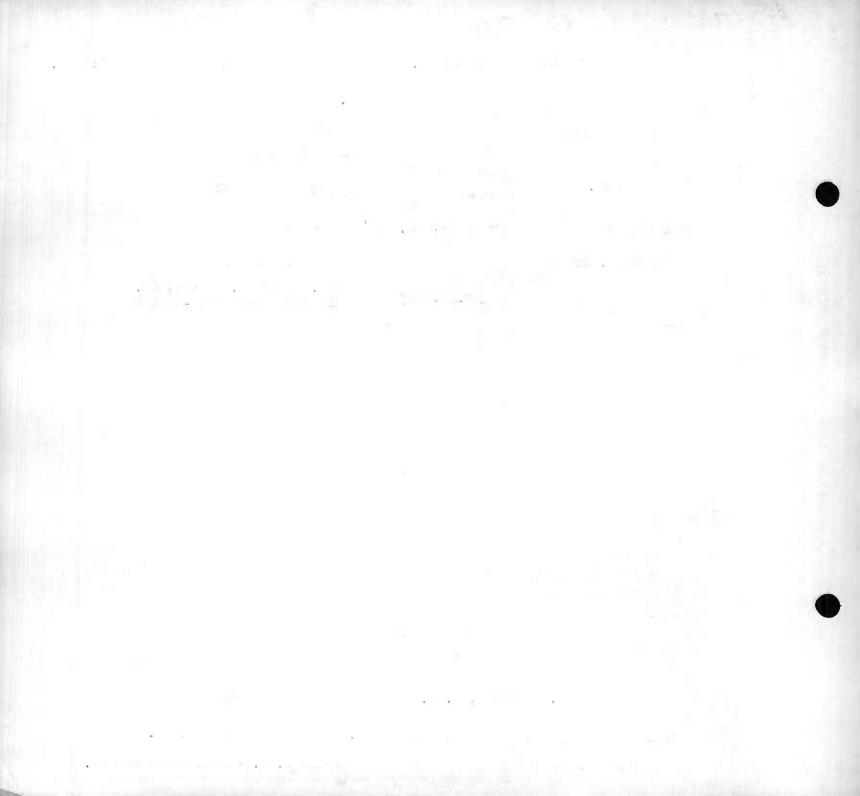
3 2/11/67 Continella gillerina s/6 6 593 LATER M. PER TAKE

VS 151-REV. 1/1/65

Witzke F. D. - 4101 Edmondson Ave.



| BIRTH NO.                           | 67   | 853                  |  | ATE OF DEA                     |  | 67                                 | 8539               |
|-------------------------------------|--|----------------------|--|--------------------------------|--|------------------------------------|--------------------|
| M.E. CASE NO.                       |  |                      |  |                                | ATE AND HOUR OF DEA                    | тн                                 |                    |
| (Type or Print)                     | Edward Mait  |                      | vall, Jr.  |                                | 9/5/67                                 | 2                                  | 2:15 A.            |
| FULL NAME                           |  | or institution, g    | give street  | Md.                            | CE (Where deceosed lived.<br>B. COUNTY | II institution; residen            | ce before odmissio |
| HOSPITAL OR INSTITUTION 51          | oddress or locofior O Rock Glen Ro                                     |                      |  | Bal timore  D. STREET ADDRESS  |  | THE RURAL and give                 | township           |
| 5. SEX                              | 6. RACE  | 7 11 100100          | NEVER MARRIED                                      | B. DATE OF BIRTH               |  |                                    |                    |
| M                                   | Cauc.  | Marr                 | , DIVORCED (specify)                               | 8/1/05                         | 9. AGE (In years<br>lost birthday)     | If Under 1 Yr.<br>Months: Doys     | Hours Min.         |
|                                     | UPATION (Give kind of work<br>working life, even if relired)<br>Estate |                      | Cloney Co.   | Maryla;                        |  | 12. CITIZEN CO                     |                    |
| 3- FATHER'S NA                      | ME   |                      |  | 14. MOTHER'S MAIL              | DEN NAME                               |                                    |                    |
| Edv                                 | ard M. Duvall  |                      |  | Avonda                         | le Disney                              |                                    |                    |
|                                     | d Ever in U.S. Armed For<br>n) (II yes, give wor or dote               |                      | 16. SOCIAL<br>SECURITY NO.<br>172-09-0705          | 17. INFORMANT E                | dward M. Duval                         | 1, Jr. ADD<br>21229                | PRESS              |
| 1B. 44 2                            | 20,11 20   | 60 Y                 |  | OF DEATH                       |  |                                    | VAL BETWEEN        |
| DISEA                               | SE OR CONDITION DIR  | RECTLY               | COM  | TONARY OC                      | PL INFARC                              | UTE ONSE                           |                    |
| (This does                          | not mean the mode of   | dvina. e.a.          | (A)<br>DUE TO                                      | MYOCARDIA                      | 7L INFARC                              | 710N 9                             | MIN.               |
| heort foilure                       | aslhenia, etc. It means mplicotian which coused ANTECEDENT CAUSES      | the diseose,         |  | P-CVH-D                        |  | /                                  | YR.                |
| rise to It                          | OR CONDITIONS, if the above cause (A) G CONDITION lost.                |                      | (C)  |                                |  |                                    | An                 |
| TO THE DISEASE OR                   | III  IIIICANT CONDITIONS C  DEATH BUT NOT RELA  CONDITION CAUSING I    | TED TO THE           | DIAB   | ETES M                         | ELLITUS                                |                                    |                    |
| 19A. DATE O                         | F OPERATION 198. CON   | DITION FOR Y         | VHICH OPERATION                                    | 20 A. AUTOPSY? (Y              |  | RE FINDINGS CON<br>CAUSES OF DEATH | SIDERED            |
| OR CONTRIB                          | NT WAS UNDERLYING UTING CAUSE OF y medical examiner                    | 218,<br>hom<br>etc.) | PLACE OF INJURY (e.g.<br>e, form, foctory, street, | office bldg., INJURY OC        | E DID (If in Bolti<br>CCUR?            | more City, give exo                | ct location)       |
| 21D. TIME<br>OF INJURY<br>(APPROX.) | (Month) (Doy) (Year)   |                      | INJURY OCCURRED  le At Not We At We                | /hile                          | DID INJURY OCCUR?                      |                                    |                    |
| 22. I certify                       | that (I) (this hospital  | ) attended th        | ne deceased from                                   | MAY                            | 1957 to -                              | SEPT. 5                            | 1967               |
| i                                   | ) lost sow the decease   |                      | AUG. 15  | 19 67                          | and that in (my) (عسم)                 | opinian death oc                   | -                  |
| ond hour an                         | d from the causes stat   | ed abave. (I         | ton bib) (did) ( <del>we)</del> (                  | ) view the bady after          |  | 0.0                                |                    |
| 23A. SIGNAT                         |  | )                    |  |                                |  | 23B. DATE SIG                      | NED                |
| <b>&gt;</b>                         | ley T.X/cl   | caper                | M.D.   | Attending Med.<br>Phys. Direct | or Stoff Phys.                         | Jest.                              | 6 1967             |
| 23C. PHYSICI,                       | John F.  | Schaefe              | r, M& D. M.  | 23D. ADDRESS                   | andom Road                             |                                    |                    |
| 24A. BURIAL CRI                     |  |                      | ME of CEMETERY of                                  |                                | 24D. LOCATION                          | (City, town, or cou                | nty) (Stote)       |
| Buria                               | . /-   | /67                  | Druid Ridge  | c Cem.                         | Baltimore,                             | Md.                                |                    |
|                                     | BY HEALTH DEPT.  | 2SB. NAME O          |  | 25C, FUNERAL D                 | IRECTOR                                | A                                  | DDRESS             |
|                                     | SEP 7 1967   | D 003 B              | 10 In a  | Witzke                         | F D - 4101 F                           | Edmondson A                        | iv.                |
| VS 150-REV. 1/1                     |  | APAPP.               | J. A. G. Way P.                                    | - 0 3                          | 3 7                                    |                                    |                    |



VS 150-REV. 1/1/65

SEPTEMBER 4, 1967 6:00 RESIDENCE (Where doceased lived. If institution: residence before admission) (If outside city limits, write RURAL and If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA UNKNOWN Elizabeth KelleyDEC D 17. INFORMANT CATON AND WILKENS AND SS HOSPITAL RECORDS-ST. AGNES HOSPITAL-INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exect location) 9-04-- 19 67 and that in (mXX (our) apinion death accurred an the date 23B. DATE SIGNED (City, town, or county) 25A. DATE REC'D SE Witzke F. D. - 4101 Edmondson Ave.

TT. NUMBER HOSTITOL C'TOR LNG WILKERE NES. DOLTINGHI, EK. 21229

FEW-UE WHITE WIDDINGS

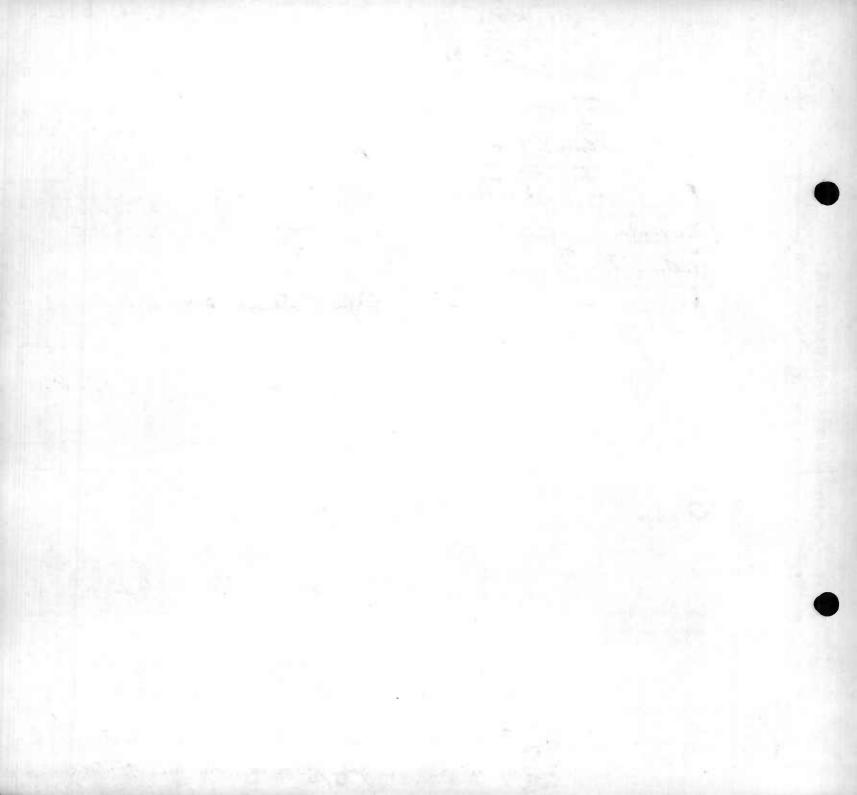
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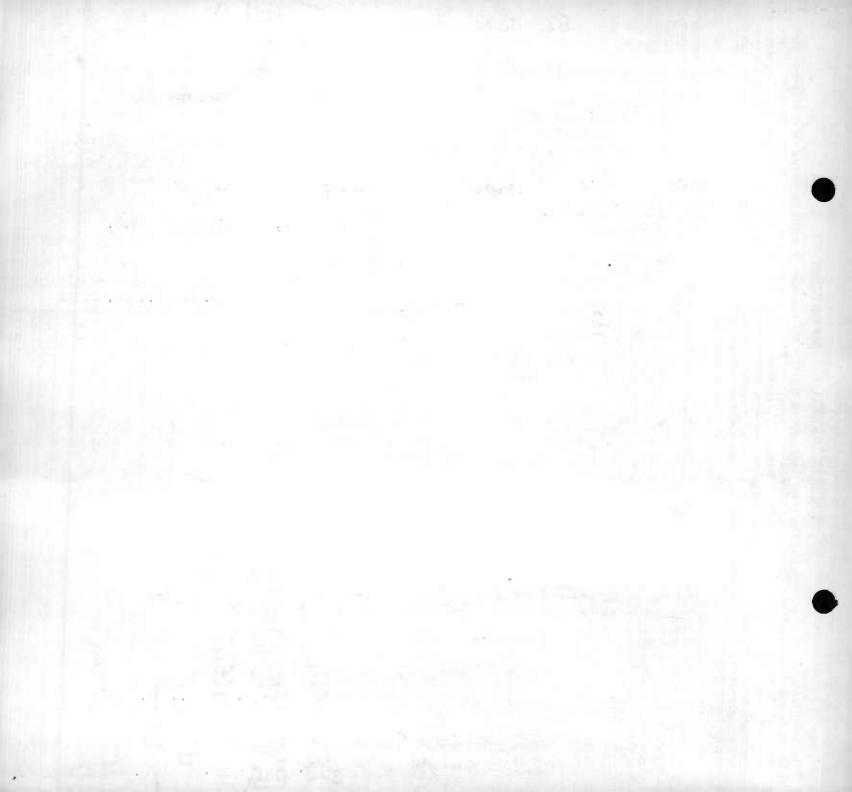
Tige! Let us at the last

21-61-6

TORONS AND AND STREET

HOSPITAL WELDING - FT. PARE MOSPIT-L-

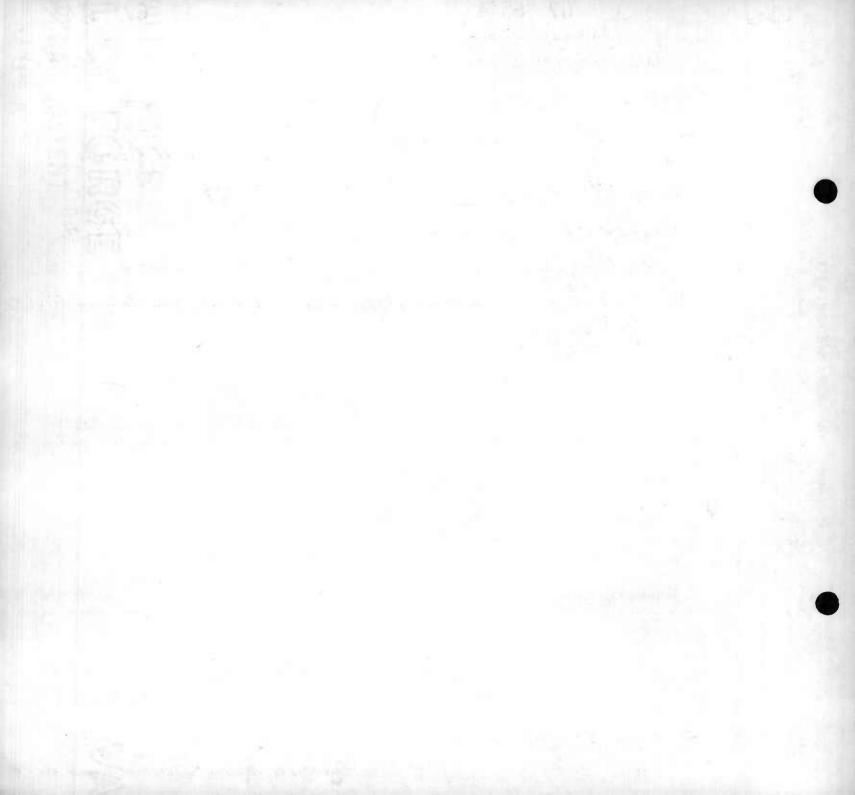


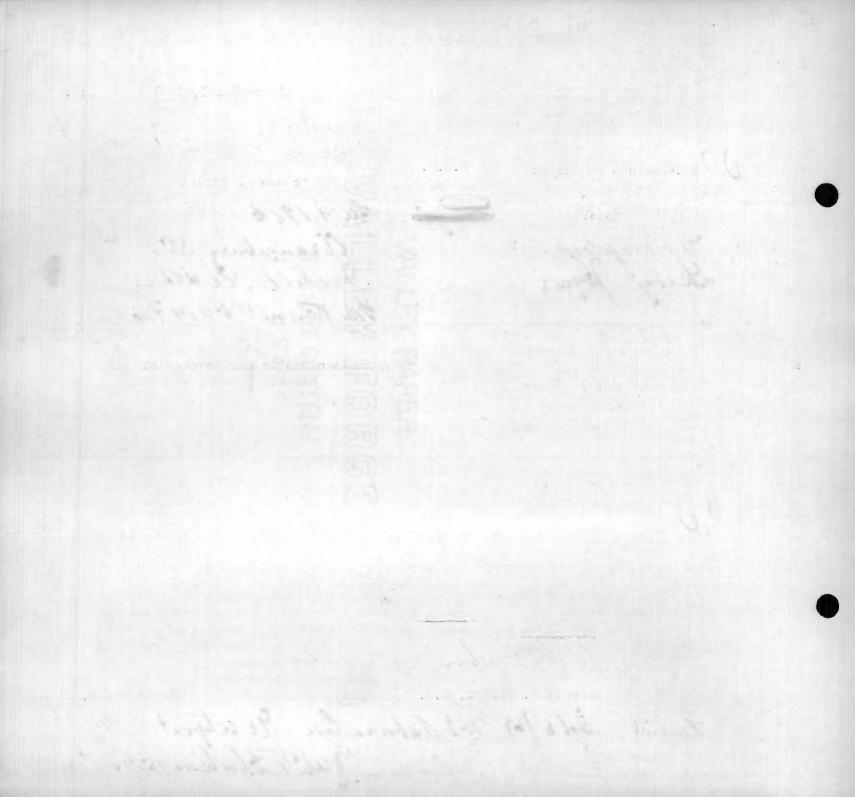


VS 150-REV. 1/1/65

| BIRTH NO. 65                                  | -24117 67   | 8543                  | ?   | TE OF DEATH  | Registered Na   | 67 8543 4   |
|---|---|-----------------------|---|--|---|---|
| M.E. CASE NO.  1. NAME OF DEC (Type or Print) | William   | G W                   | 1/2 6                                       | 2. DATE A  | and Hour of Death   | 9:30 P.M.   |
| FULL NAME OF DE HOSPITAL OR INSTITUTION       | ATH IN BALTIMORE, MA  | 1)                    | give street                                 | A. STATE  A. STATE  Maryland  C. CITY OR TOWN (If a Baltimor | nere deceosed lived. If in NTY  butside city limits, write Re | stitution: residence before admission                   |
| 5. SEX<br>Male                                | 6. RACE<br>White  | WIDOWED               | NEVER MARRIED ), DIVORCED (specify) Married | B. DATE OF BIRTH Oct 19, 1965                                | 9. AGE (In years lost birthdoy)  1 yrs.                       | If Under 1 Yr. If Under 24 Hi<br>Months Doys Hours Min. |
|   | working lile, even if retired)  | 108, KIND OF          | BUSINESS OR INDUSTRY                        | Baltimore,   | maryland  | 12. CITIZEN OF WHAT COUNTRY?                            |
| Wil   | liam E. Wiles   |                       |   | Mackey   | AME   |   |
| Yes, no or unknow                             | d Ever in U. S. Armed For<br>n) (If yes, give wor or dote<br>NO   | ces?<br>s of service) | 16. SOCIAL<br>SECURITY NO.                  | William E. Wi  | les 826 W 33:   | ADDRESS<br>rd St. 21211                                 |
|   | SE OR CONDITION DIS<br>LEADING TO DEATH   |                       | CAUSE O                                     | olvo cephalis  | distr.  | interval between onset and death  21 mics               |
| DISEASES                                      | asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. | death.) any, giving   |   | élo-menincoc   |   | 22 mcs  |
| TO THE DISEASE OR                             | DEATH BUT NOT RELA<br>CONDITION CAUSING I<br>F OPERATION 198. CON<br>WAS PER  | TED TO TH             | E   | 20A. AUTOPSY? (Yes or h                                      | No. 208. IF YES, WERE IN CERTIFYING CA                        | FINDINGS CONSIDERED USES OF DEATH?                      |
| OR CONTRIB                                    | INT WAS UNDERLYING UTING CAUSE OF   | 21B                   | PLACE OF INJURY (e.g., i                    | n or obout 21C. WHERE DID<br>ffice bldg., INJURY OCCUR?      | (II in Boltimore  | City, give exoct locotion)                              |
| 21D. TIME<br>OF INJURY<br>(A PPROX.)          | (Month) (Doy) (Year)  |                       | INJURY OCCURRED  ile A! Not While At Work   |  | NJURY OCCUR?  |   |
| that (I) (we                                  |   | d alive an            | Supt s                                      | Septy  19 67 and the body after death                        | that in(my) (aur) api   | nian death accurred an the da                           |
| 23C. PHYSICI,<br>NAME (                       | ANS<br>Type)<br>Ctavio 7  | Do la 1               | V CC M.D.                                   | 23D. ADDRESS<br>Mercy  | Hespit  | 9/5/67  |
| Buria: 25A. DATE REC'I                        | (Specify)   | 67 Dul                | ane of Cemetery of CRI                      |  | 2   | ty, town, or county) (Stote)                            |

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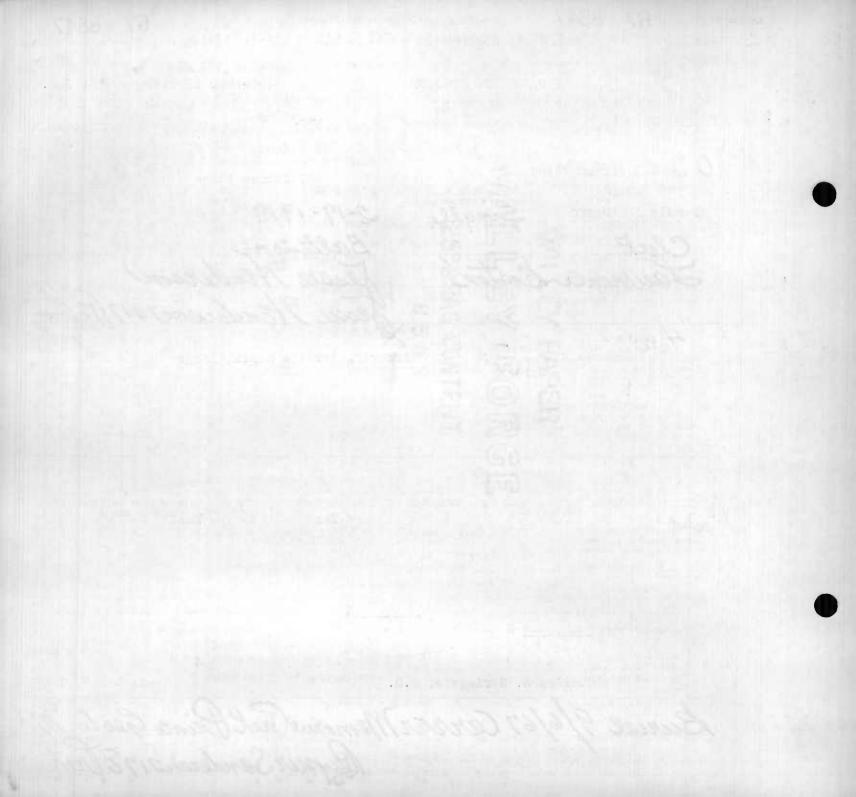


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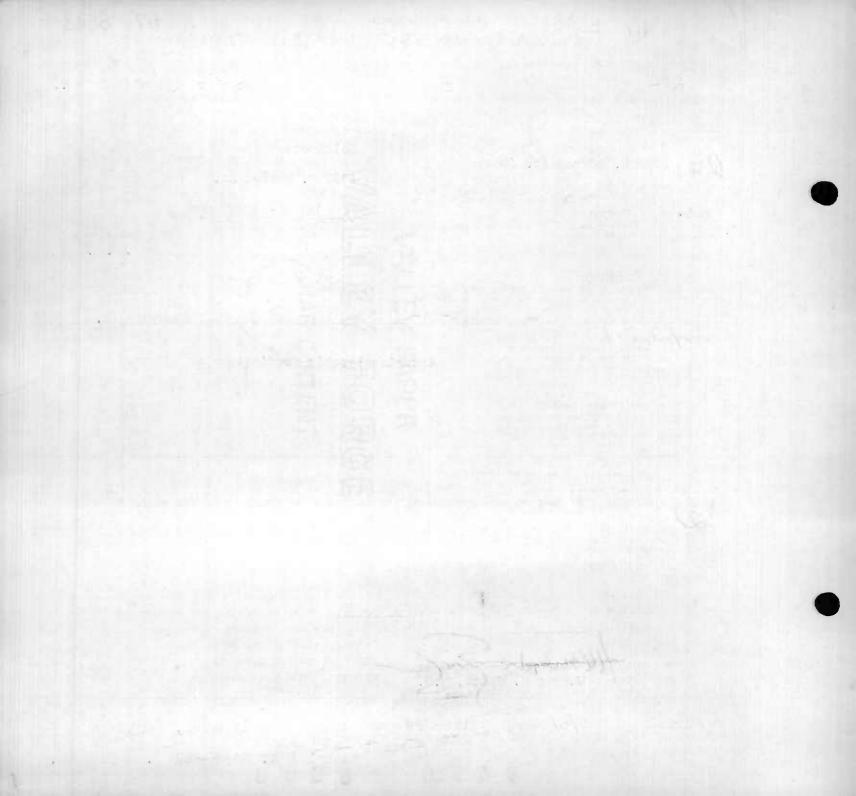
John V. Sozarlichi 1

1802 Eastern ans

| B.235 | M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  MILDRED ANN BOSTON  | 2. DATE AND HOUR PRONOUNCED DEAD September 1, 1967   10:25 P   |  |  |  |  |  |  |
|-------|---|--|--|--|--|--|--|--|
|       |   | SUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)  |  |  |  |  |  |  |
|       | FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET  | Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)   |  |  |  |  |  |  |
|       | HOSPITAL OR ADDRESS OR LOCATION)  | Baltimore /2   |  |  |  |  |  |  |
|       | O O 447 Pitman Place  | D. STREET ADDRESS (If rurol, give locotion) 447 Pitman Place   |  |  |  |  |  |  |
|       | 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. D. WIDOWED, DIVORCAD (specify)  | ATE OF BIRTH  9. AGE (In yeors   If Under 1 Yr. If Under 24 Hrs.     lost birthdoy    Months   Doys   Hours   Min.   |  |  |  |  |  |  |
|       | Female Negro Single   | 1-19-1919 48   |  |  |  |  |  |  |
|       | 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. B   | RETHPEACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?   |  |  |  |  |  |  |
|       | 13. FATHER SNAME  | AOTHER'S MAIDEN NAME   |  |  |  |  |  |  |
|       | Jawrence Boston   | essee Hinderson  |  |  |  |  |  |  |
|       | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SO CIAL SECURITY NO.   | ADDRESS ADDRESS  |  |  |  |  |  |  |
|       | IB. CAUSE/OF  | DEATH INTERVAL BETWEEN   |  |  |  |  |  |  |
|       | DISEASE OR CONDITION DIRECTLY   | ONSET AND DEATH  |  |  |  |  |  |  |
|       | LEADING TO DEATH  (This does not mean the mode of dying, e.g., CALLETO  | osclerotic heart disease   |  |  |  |  |  |  |
|       | heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)   |  |  |  |  |  |  |  |
|       | ANTECEDENT CAUSES   |  |  |  |  |  |  |  |
|       | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |  |  |  |  |  |  |  |
|       |   |  |  |  |  |  |  |  |
|       | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING   |  |  |  |  |  |  |  |
|       | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING   |  |  |  |  |  |  |  |
|       | DISFASE OR CONDITION CALISING IT.   |  |  |  |  |  |  |  |
|       | DISEASE OR CONDITION CAUSING IT.  | A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  |  |  |  |  |  |  |
|       | DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or Underlying or Contrib- home, form, foctory, sheet, office  | A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes Yes  Obout 21C. WHERE DID (If in Boltimore City, give exact location)  bldg., INJURY OCCUR?  |  |  |  |  |  |  |
|       | DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)  | Yes IN CERTIFYING CAUSES OF DEATH?   |  |  |  |  |  |  |
|       | DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)  | Yes IN CERTIFYING CAUSES OF DEATH? Yes  obout 21C. WHERE DID (If in Boltimore City, give exact location) bidg., INJURY OCCUR?  |  |  |  |  |  |  |
|       | DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)  21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  | Yes IN CERTIFYING CAUSES OF DEATH? Yes obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) bidg., INJURY OCCUR?   |  |  |  |  |  |  |
|       | DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22.   | Yes IN CERTIFYING CAUSES OF DEATH? Yes obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) bidg., INJURY OCCUR?   |  |  |  |  |  |  |
|       | DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)  21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that I held on Inquiry Inspection Autopsy resulted from: Natural causes X Accident Suicide   | Yes IN CERTIFYING CAUSES OF DEATH? Yes obout 21C. WHERE DID (If in Boltimore City, give exect location) bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  X ond that on this basis, death In my opinion Homicide Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED   |  |  |  |  |  |  |
|       | DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)  21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE AT WORK  22. 1 certify that 1 held on Inquiry Inspection Autopsy resulted from: Natural courses X Accident Suicide ACTUAL SIGNATURE   | Yes  Obout 21C. WHERE DID (If in Boltimore City, give exact location)  Didg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  Ond that on this basis, death in my opinion  Homicide Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED  DATE SIGNED  |  |  |  |  |  |  |
|       | DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)  21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)  21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22.  1 certify that I held on Inquiry Inspection Autopsy resulted from: Notural couses X Accident Suicide ACTUAL SIGNATURE  EXAMINER'S Charles S. Springate, M.D. ASS NAME (Type) | Yes IN CERTIFYING CAUSES OF DEATH? Yes Obout 21C. WHERE DID (If in Boltimore City, give exect locotion)  21F. HOW DID INJURY OCCUR?  ZIF. HOW DID INJURY OCCUR?  When the control of this bosis, death in my opinion  Homicide Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED  SISTANT MEDICAL EXAMINER ZIF September 2, 1967 |  |  |  |  |  |  |
|       | DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)  21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22.  | Yes IN CERTIFYING CAUSES OF DEATH? Yes Obout 21C. WHERE DID (If in Boltimore City, give exect locotion)  21F. HOW DID INJURY OCCUR?  ZIF. HOW DID INJURY OCCUR?  When the control of this bosis, death in my opinion  Homicide Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED  SISTANT MEDICAL EXAMINER ZIF September 2, 1967 |  |  |  |  |  |  |
|       | DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED  21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)  21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)  WHILE AT NOT WHILE AT NOT WHILE AT WORK  22.  1 certify that I held on Inquiry Inspection Autopsy resulted from: Notural causes X Accident Suicide  ACTUAL SIGNATURE  EXAMINER'S Charles S. Springate, M.D. ASS NAME (Type)  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CRE  | Yes IN CERTIFYING CAUSES OF DEATH? Yes Obout 21C. WHERE DID (If in Boltimore City, give exect locotion)  21F. HOW DID INJURY OCCUR?  ZIF. HOW DID INJURY OCCUR?  When the control of this bosis, death in my opinion  Homicide Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED  SISTANT MEDICAL EXAMINER ZIF September 2, 1967 |  |  |  |  |  |  |
|       | DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection Autopsy resulted from: Natural causes X Accident Suicide  ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D. ASS NAME (Type)  23A. BURIAL CREMATION, 23B. DATE  23C. NAME of CEMETERY or CRE  | Yes IN CERTIFYING CAUSES OF DEATH? Yes Obout 21C. WHERE DID (If in Boltimore City, give exect locotion)  21F. HOW DID INJURY OCCUR?  ZIF. HOW DID INJURY OCCUR?  When the control of this bosis, death in my opinion  Homicide Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED  SISTANT MEDICAL EXAMINER ZIF September 2, 1967 |  |  |  |  |  |  |



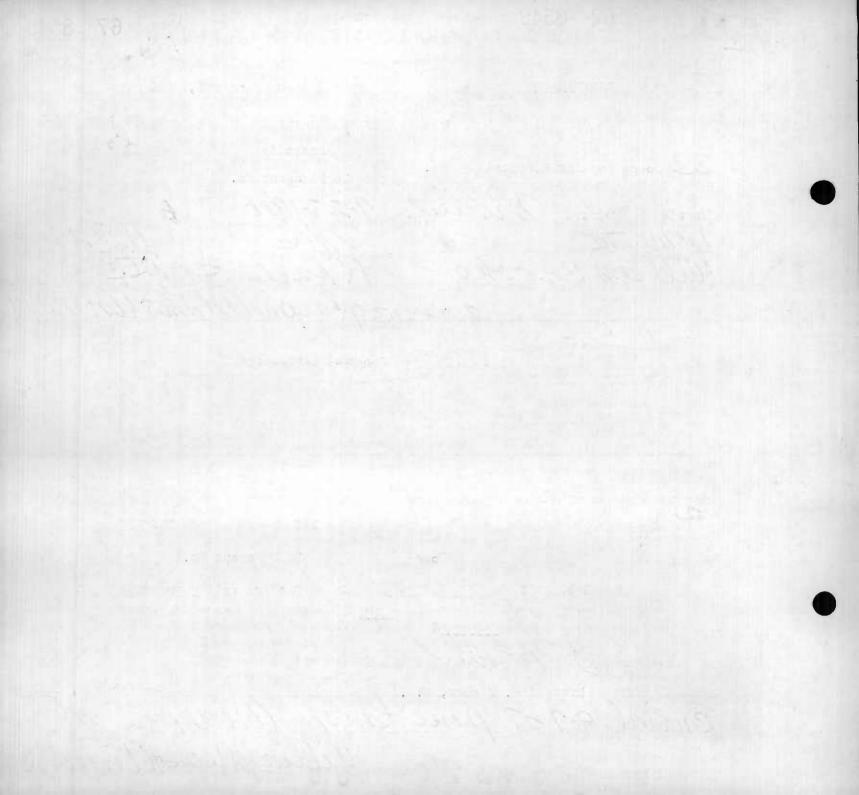
| 1.600 | M.E. CASE NO.  | CERTIFICATE OF DEATH Registered No.   |  |  |  |  |  |  |  |
|-------|--|---|--|--|--|--|--|--|--|
|       | 1. NAME OF DECEASED  | 2. DATE AND HOUR PRONOUNCED DEAD  |  |  |  |  |  |  |  |
|       | MILBURN  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  | September 4, 1967 2:10 P.   |  |  |  |  |  |  |  |
|       |  | 4. USUAL RESIDENCE (Where doceosed lived. If institution: residence before odmission Maryland             |  |  |  |  |  |  |  |
|       | HOSPITAL OR ADDRESS OR LOCATION)   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore                   |  |  |  |  |  |  |  |
|       | 2222 N. Monroe St. (DOA)   | D. STREET ADDRESS (If rurol, give locotion)  2222 N. Monroe St.   |  |  |  |  |  |  |  |
|       | 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Male Negro   | B. DATE OF BIRTH  9. AGE (in years lift Under 1 Yr. If Under 24 Hrs. lost birthday)  10/11/25  41         |  |  |  |  |  |  |  |
|       | 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI<br>done during most of working life, even if retired) | RY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?                                |  |  |  |  |  |  |  |
|       | 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  |  |  |  |  |  |  |  |
|       | James Jackson  | Marion Turner   |  |  |  |  |  |  |  |
|       | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO. | 17. INFORMANT ADDRESS   |  |  |  |  |  |  |  |
|       | 220-14-649   | 2 Marion Turner 512 Archer St.  |  |  |  |  |  |  |  |
|       |  | E OF DEATH INTERVAL SETWEEN ONSET AND DEATH   |  |  |  |  |  |  |  |
|       | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   |   |  |  |  |  |  |  |  |
|       | (This does not mean the made of dying e.g. (AATLETI  | osclerotic Cardiovascular Disease   |  |  |  |  |  |  |  |
|       | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)                                  |   |  |  |  |  |  |  |  |
|       | ANTECEDENT CAUSES  |   |  |  |  |  |  |  |  |
|       | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE   |   |  |  |  |  |  |  |  |
|       | UNDERLYING CONDITION LAST.   |   |  |  |  |  |  |  |  |
|       | (C)  |   |  |  |  |  |  |  |  |
|       | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.                   |   |  |  |  |  |  |  |  |
|       | 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes  Yes |  |  |  |  |  |  |  |
|       | 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)   | in or about 21C. WHERE DID (If in Soltimore City, give exact location) office bldg., INJURY OCCUR?        |  |  |  |  |  |  |  |
|       | 21D TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT  | WHILE   |  |  |  |  |  |  |  |
|       | 22.  | WORK U  |  |  |  |  |  |  |  |
|       |  | ond that on this basis, death in my opinion   |  |  |  |  |  |  |  |
|       | resulted from: Natural causes X Accident Suicid  | de Homicide Undetermined manner CHIEF MEDICAL EXAMINER  |  |  |  |  |  |  |  |
|       | ACTUAL ACTUAL DATE SIGNED  |   |  |  |  |  |  |  |  |
|       | SIGNATURE Werner U. Spitz, M.D.  | ASSOCIATE MEDICAL EXAMINER 9/5/67   |  |  |  |  |  |  |  |
|       | NAME (Type)  |   |  |  |  |  |  |  |  |
|       | REMOVAL (Specify)  Burial  9/8/67  Baltimore N   |   |  |  |  |  |  |  |  |
|       | 244 DATE BECED BY WEALTH DEBT 240 NAME OF BECISTORS  | 24C FUNERAL DIRECTOR  |  |  |  |  |  |  |  |
|       | SEP 7 1967 R. Cat E. Falley M.   | Charles A. Rice 661 W. Barre St.  |  |  |  |  |  |  |  |
|       | VS 151-REV, 1/1/65   | 0-0-5-6-0   |  |  |  |  |  |  |  |



67 8549 BALTIMORE CITY HEALTH DEPARTMENT

| 0040    | DALIMORE CITT HEALTH DELAKIMENT |   |
|---------|---------------------------------|---|
| MEDICAL | EXAMINER'S CERTIFICATE OF DEAT  | ŀ |

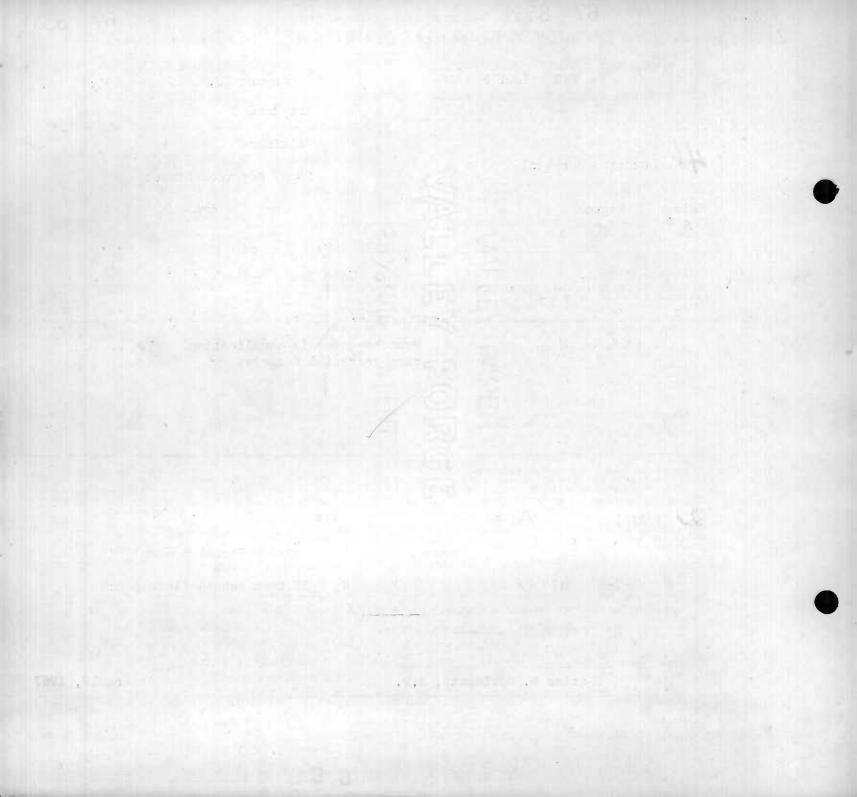
| 67 8549 BALTIMORE CITY HEA   | LTH DEPARTMENT  |
|--|---|
| MEDICAL EXAMINER'S C   | CERTIFICATE OF DEATH Registered No. 67 8549   |
| M.E. CASE NO.  |   |
| NAME OF DECEASED Type or Print)  | 2. DATE AND HOUR PRONOUNCED DEAD  |
| ELSTE ADAMS  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD   | September 5, 1967  M.  [4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)                               |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  | A. STATE  B. COUNTY  Maryland  C. CITY OR TOWN (If autside carporote limits, write RURAL and give township)                                 |
| 33 Johns Hopkins Hospital  | Annapolis D. STREET ADDRESS (If rural, give location)  28 Pleasant St.  |
| Female Colored  OA, USUAL OCCUPATION (Give kind of work of wind of win | B. DATE OF BIRTH  9. AGE (In years last birthday)  9. AGE (In years last birthday)  9. AGE (In years last birthday)  Manths Days Haurs Min. |
| Z 7 9 9 1 0  | E OF/DEATH UNIONS UNIONS E INTERVAL BETWEEN ONSET AND DEATH   |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   | Subdural hemorrhage   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |   |
| 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED  | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?   |
| UTING CAUSE OF DEATH.  TING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY   | WHILE   |
| 22.  | Subject fell down steps  and that on this basis, death In my opinion  |
| resulted from: Notural couses Accident X Suicio  |   |
| ACTUAL & Describer   | CHIEF MEDICAL EXAMINER A DATE SIGNED  |
| EXAMINER'S NAME (Type)  Russell S. Fisher, M.D.  | ASSOCIATE MEDICAL EXAMINER September 6, 1967  |
| BUNIAL CREMATION, 23B DATE 23C, NAME of CEMETERY BUNIAL Greeity 9-9-67 DINLE   | CREMATORY 23D. KOCATION (City, town or county) (Mote)   |
| 248. NAME OF REGISTRAR   | William Beesett United M.   |



The same of the sa THE PROPERTY OF THE WAR WILL SET WHEN AND AND AND AND ADDRESS OF THE PARTY OF THE P

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

| M.E. CASE NO.  |                                      |                                      |  | Ja = 1 = 1 = 1            |  |  |           |  |
|--|--------------------------------------|--------------------------------------|--|---------------------------|--|--|-----------|--|
| 1. NAME OF DECEASED (Type or Print)  ROY   |                                      |                                      |  | t 29, 1967                | 2:4                                      | 0 A. <sub>M</sub>                      |           |  |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD   |                                      |                                      | A. USUAL RESIDÊNCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If autside carporate limits, write RURAL and give township) Baltimore |                           |  |  |           |  |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION  |                                      |                                      |  |                           |  |  |           |  |
| 46 Turbana Tanis   | 1                                    |                                      | D. STREET ADD  |                           |  | / _                                    | ) OK      |  |
| 4 Lutheran Hospit  | aı                                   | L. Brands I                          |  | 2004 Ed                   | gewood Stre                              | et                                     |           |  |
| 5. SEX 6. RACE Male Negro  | 7. MARRIED, I<br>WIDOWED, D<br>Marri | NEVER MARRIED IVORCED(specily) ed    | Sept 26.   |                           | 9. AGE (In years last hirthday)          | If Under 1 Yr. If I<br>Manths, Days, H |           |  |
| tOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Paper Hanger   |                                      | te Bus.                              |  | 12. CITIZEN OF WHAT COUNT | WHAT COUNTRY?                            |  |           |  |
| 13. FATHER'S NAME  |                                      |                                      | 14. MOTHER'S M   | AIDEN NAME                |  | 0 40 611                               |           |  |
| Joseph Lawson  |                                      |                                      | Gale V   | Voody                     |  |  |           |  |
| 15. WAS DECEASED EVER IN U.S. ARMED<br>(Yes, na arunknawn) (If yes, give war ar dates<br>Yes   |                                      | 16. SO CIAL<br>SECURITY NO.          | 17. INFORMANT  |                           |  | ADDRESS                                |           |  |
| [18.   |                                      | 218-32-0461                          | Mr. Jose   | eph Laws                  | on 2829 W.                               |  | L BETWEEN |  |
| DISEASE OR CONDITION DIR  LEADING TO DEATH  (This does not mean the made of heart failure, asthenia, etc. It means injury or camplication which coused or  |                                      |                                      | chopneumor<br>procranial   |                           | licating                                 |  | AND DEATH |  |
| DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 10B. CON | CONTRIBUTING ATED TO THE             | (C)G                                 |  |                           |  |  |           |  |
| WAS PERF   | DITION FOR W                         |                                      | 20A. AUTOPS  |                           | OB, IF YES, WERE FIN                     |  | D         |  |
| 21A. EXTERNAL CAUSE WAS<br>OUNDERLYING MOR CONTRIB-<br>UTING CAUSE OF DEATH.   | etc.)                                | farm, factory, street,<br>house      |  | 3306 W                    | lbrook Ave                               |  | -06       |  |
| OF INJURY (APPROX.) 8-2-67 3:10  |                                      | E. INJURY OCCURRED  HILE AT NOT AT W |  | ow DID INJU               | second floo                              | or porch                               |           |  |
| 22.  |                                      |                                      | LAN  |                           |  |  |           |  |
| resulted from: Notural cou   |                                      | Inspection Au                        |  |                           | s bosis, deoth in m<br>ndetermined monne |  |           |  |
| ACTUAL Charles   | J.                                   | met M. D                             |  | MEDICAL EX                | AMINER AMINER X                          | DATE                                   | SIGNED    |  |
| NAME (Type)  |                                      | ngate, M.D.                          |  |                           |  | August 29                              |           |  |
| 23A, BURIAL CREMATION, REMOVAL (Specify) 23B, DATE   |                                      | . NAME of CEMETERY                   |  |                           | CATION (City,                            | tawn, or county)                       | (State)   |  |
| Burial 9/1/67  |                                      | altimore Nat                         |  | Ba Ba                     | ltimore,                                 | Maryland                               |           |  |
| SEP 7 1967   | A Q. So                              | S Fallowan                           |  |                           | atter 3035                               |  | ve        |  |
| VS 151-REV. 1/1/65   | 1                                    |                                      | 0.0  |                           |  |  |           |  |

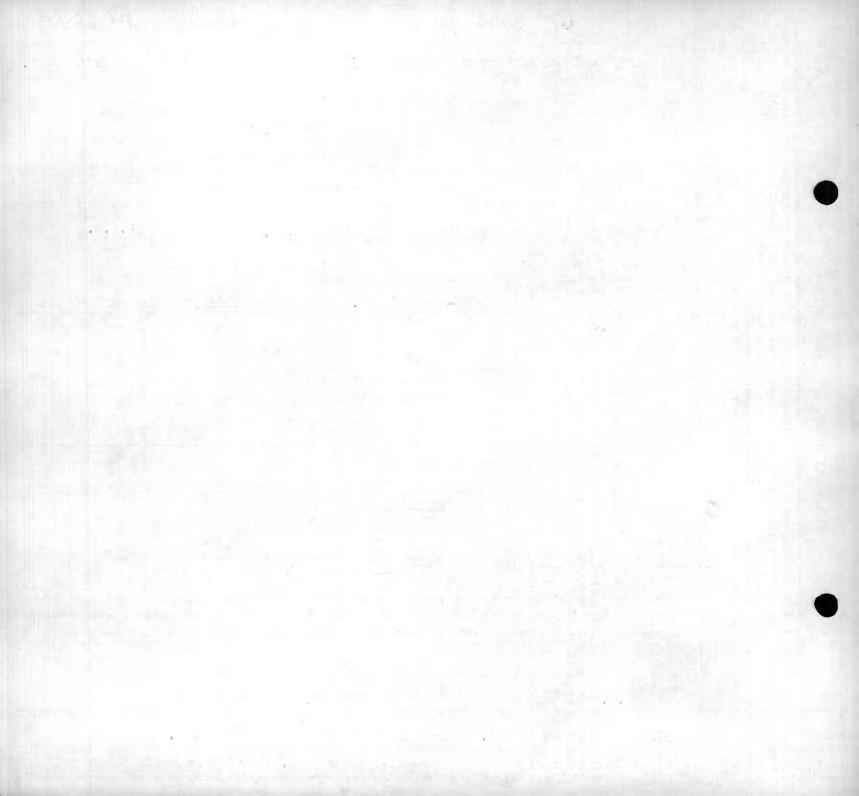


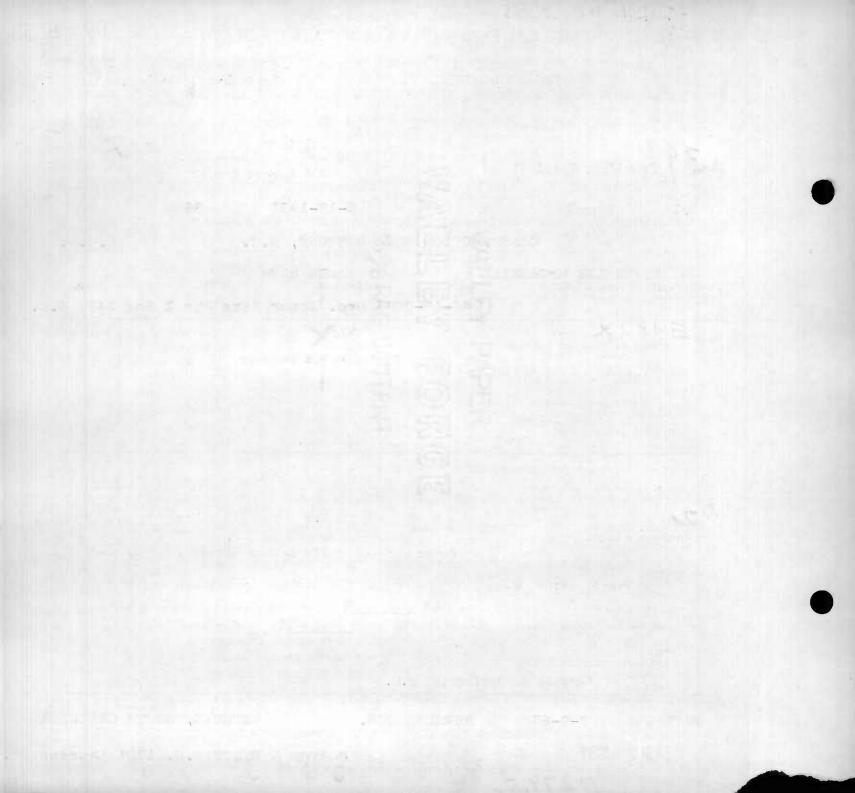
IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT





V\$ 150-REV. 1/1/65

SORIE YEST NACHTY SESSE

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CATON & WILLIEMS AVES. 1 TI TUTTE, T. T. C. T. . 13 STIR VIA. W 1835

SE STARLE COLORED WARRED OF-SH-TS 42

HOUSEWIFE HOMESPAKER HORE SERVICES

ARTHUR GIRES

TO ST. ACHES RECURSE, CATOM & WILKENS AVE

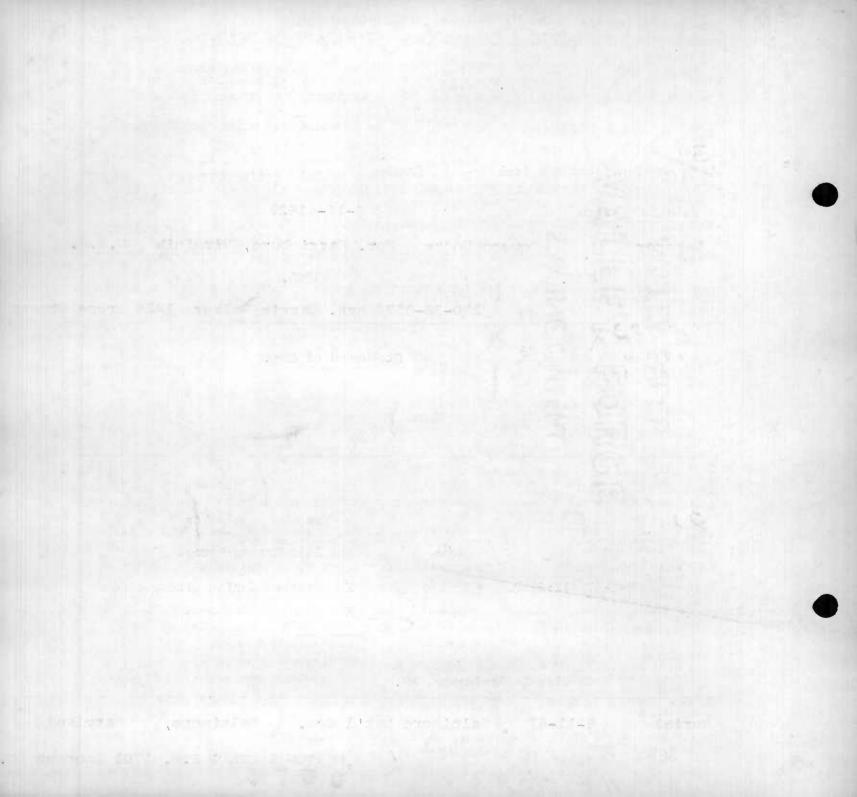
RAPAEL MARIN, M.D.

WILKENS AND CATONS AVERUES BILTINGRE, MR. 21929

TOOL SOLDE

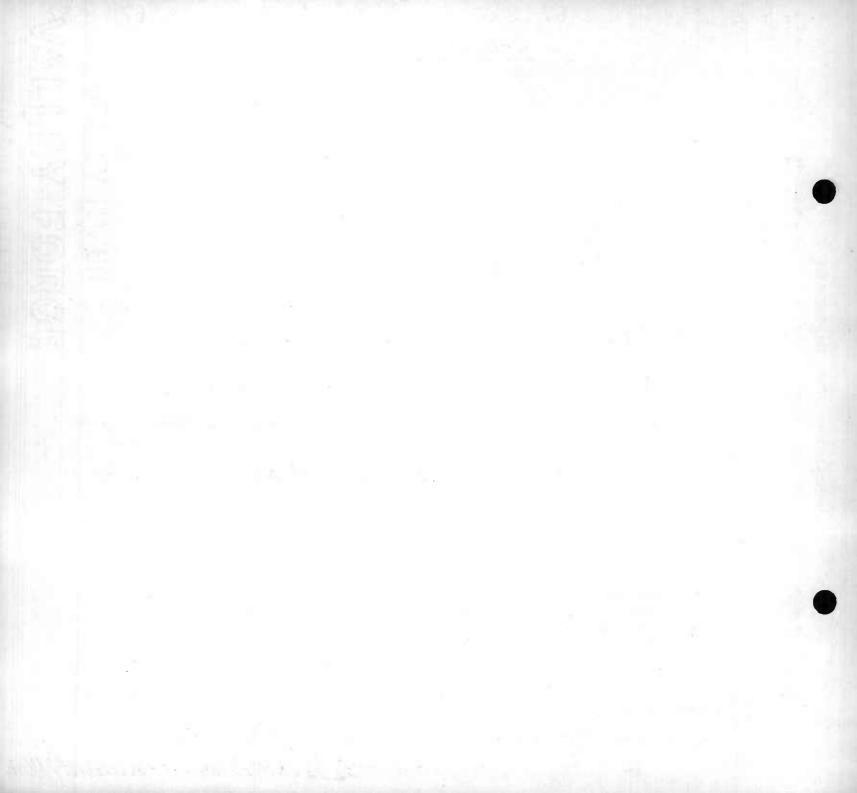
| C-300 CM   | BALTIMORE CIT   | Y HEALTH DEPARTMENT   |  | CT OFFE   |
|--|---|---|--|---|
| BIRTH NO.  | 8555 CERTIFICA  | TE OF DEATH   | Registered No  | 07 8333   |
| M.E. CASE NO.  1. NAME OF DECEASED   | ^   | 2. DATE AN  | D HOUR OF DEATH  |   |
| Type or Print) Ro. V. Th   | amas (Ind   | win 9-  | 4-17   |   |
| PLACE OF DEATH IN BALTIMORE, MARYL   | AND   | 4. USUAL RESIDENCE (When  | deceased lived. If inst                                | itution: residence before admis:                        |
|  |   | A. STATE B. COUN  | ΙΥ   |   |
| FULL NAME OF (If not in hospital or in HDSPITAL DR address or location)  | instilution, give street                                    | Md.   |  |   |
| INSTITUTION  | ^   | C. CITY OR TOWN (If out   | side city limits, write RU                             | IRAL and give township)                                 |
| 3522 CATON   | Ave.  | D. STREET ADDRESS (III  | ural, give lacation)                                   | 200   |
| 00   |   | 7- 0  |  |   |
| 6. SEX   6. RACE   7.  | MARRIED, NEVER MARRIED                                      |   | ON AVE   |   |
| L L  | WIDQWED, DIVORCED (specify)                                 |   | ost birthday)  | If Under 1 Yr. If Under 24<br>Months: Days   Hours   Mi |
| Negro  | M .   | 1-13-1913   | 54   |   |
| OA. USUAL OCCUPATION (Give kind of work 10 and during most of working life, even if retired)   | B, KIND OF BUSINESS OR INDUSTRY                             | 11. BIRTHPLACE (State or farei  | gn country)  | 12, CITIZEN OF WHAT COUNTRY?                            |
| MINISTER   | Church  | FAIRMOUNT   | N.C.   | U.S.A.  |
| 3. FATHER'S NAME   |   | 14. MOTHER'S MAIDEN NAM   | /  |   |
| Deen Gard  | (414)   | MacH  | Paris  |   |
| 5. Was Deceased Ever in U. S. Armed Forces   | ? [16. SOCIAL   | 17. INFORMANT   | 100021   | ADDRESS   |
| Yes, no or unknown) (If yes, give war ar dates o   | of service) SECURITY NO.                                    | 1   | 1 . 0  |   |
|  | 227-05-098  | 4 GRAGE GO  | 04WIN 35   | 22 CATON  |
| 18. 151X   | CAUSE   | OF DEATH  |  | INTERVAL BETWEEN  |
| DISEASE OR CONDITION DIREC   | TLY 1./2  | 1 . 1 . 1   |  | as time of  |
| LEADING TO DEATH (This does not meon the mode of dy  | (A) //C   | parie Molign  | variey   | nignual   |
| heart failure, asthenia, etc. It means the   | e diseose,  |   | 0'   | daguosis  |
| injury or complication which coused de   | ooth.)  | weie Carci  | morna  | 6to 9 mas a   |
| ANTECEDENT CAUSES  | DUE TO  |   |  | · · · · · · · · · · · · · · · · · · ·                   |
| DISEASES OR CONDITIONS, if ony   | , giving  |   |  |   |
| rise to the above couse (A) stunderLYING CONDITION lost.   | ofing the (C)   |   | 0000 = 0 = 0 = 0 00 y = = App 00 000 000000 0000000 00 |   |
| II -   |   |   |  |   |
| DTHER SIGNIFICANT CONDITIONS CON   | TRIBUTING   |   |  |   |
| DTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  | D TO THE  |   |  |   |
| 19A. DATE OF OPERATION 19B. CONDIT   | TON FOR WHICH OPERATION                                     | 20 A. AUTOPSY? (Yes or No.  | 20B. IF YES, WERE FI                                   | NDINGS CONSIDERED                                       |
|  |   |   | CERMINING CAU  | JEJ OF DEATH!   |
| OR CONTRIBUTING CAUSE OF   | 21 B. PLACE OF INJURY (e.g., hame, larm, factory, street, c | in ar about 21 C. WHERE DID   | (If in Baltimore                                       | City, give exact location)                              |
| DEATH (natify medical examine)   | etc.)   |   |  |   |
| O 21D. TIME (Manth) (Day) (Year) (   | Hour 21E INJURY OCCURRED                                    | 21 F. HOW DID INJ   | JRY OCCUR?   |   |
| OF INJURY (APPROX.)  | While At Not Whi  |   |  |   |
| 00 1 1 10 10 10 10   | Wark At Work  | 3   | - 1  | 15  |
| 22. I certify that (I) (this hospital) o   | G   | 1 -1  | 9 10 May   | 19.6  |
| that (1) (we) lost sow the deceased of   | olive on/S  | 19 ond the  | t in (my) <del>(our)</del> opini                       | on deoth occurred on the                                |
|  |   |   |  |   |
| and hour and from the causes stated  | obove. (I) (We) (did) (did not)                             | view the body after death.  |  |   |
| ond hour ond from the causes stoted  | obove. (I) ( <del>We) (did)</del> (did not)                 | view the body after death.  | 1  | 38. DATE SIGNED   |
|  |   | ending Med.   | Stolf -  | 38, DATE SIGNED   |
| 23A. SIGNATURE  Moses Fauls 23C. PHYSICIANS  | M.D. AH   | ending Med.   |  | 238. DATE SIGNED  |
| 23A. SIGNATURE  WOSE Starl  23C. PHYSICIAN'S NAME (Type)  P  | M.D. Att  | ending Med. Director  | Stolf -  | Ban + 400   |
| 23A. SIGNATURE  WOSES Faul  23C. PHYSICIAN'S NAME (Type)  WOSES FOU  | M.D. AH<br>Phy<br>1502 M.D.                                 | ending Med. Director Director Director Development Rest   | Chase St.  | Baeto Lea   |
| 23A. SIGNATURE  23C. PHYSICIAN S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)   | M.D. Att  | ending Med. Director Director Director Development Rest   | Chase St.  | Baeto Leas town, or county) (State                      |
| 23A. SIGNATURE  23C. PHYSICIAN S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  BURIAL (Specify)  PURIAL                                     | M.D. AHPhy  M.D. 24C. NAME of CEMETERY OF CR  Bridges Grove | ending Med. Director Director Director Director  23D. ADDRESS  ELEVELY East  EMATORY  Ch. Cem. Fay  | Chase St.  | Bacto leas town, or country) (State                     |
| 23A. SIGNATURE  23C. PHYSICIAN S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  BURIAL (Specify)  9-10-6  25A. DATE REC'D BY HEALTH DEPT. 25 | M.D. AHPhy  | ending Med. Director | Chase St.  | Baeto hea?  |
| 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  BURIAL (Specify)  9-10-6                                      | M.D. AHPhy  M.D. 24C. NAME of CEMETERY OF CR  Bridges Grove | ending Med. Director Director Director Director  23D. ADDRESS  ELEVELY East  EMATORY  Ch. Cem. Fay  | Chase St.  | Bacto lea town, or county) (State                       |

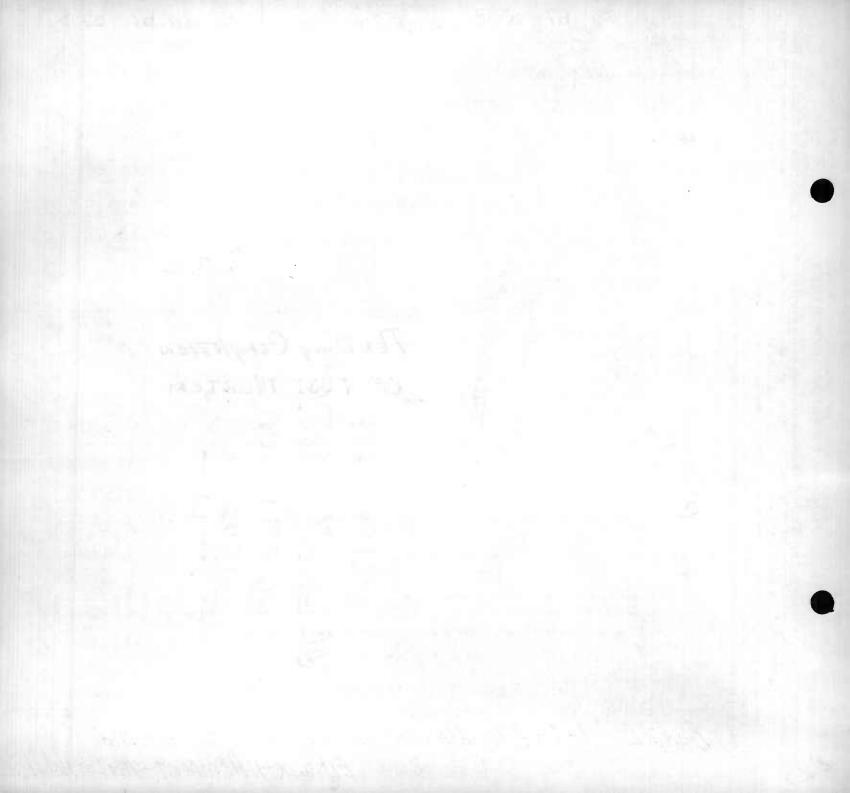
STAR CATA AND THE WELL DIN THE PROPERTY AND SECTION A Jeers Coolwin How then Power 221 S. my Greek broken Bes College Bureal Air of Bridges Grow Ch. Les reporter 11.



FUNERAL DIRECTOR: IMPORTANT

| 6/   | 2557   |  |  |  |
|--|--|--|--|--|
| RTH NO. A.E. CASE NO.  | CERTIFICA  | TE OF DEATH  | Registered No.   | 67 8557  |
| NAME OF DECEASED   | CALLOWhiLL   | 2. DATE AND  | HOUR OF DEATH  |  |
| Type or Print) EDNA T, &   | ALD WHILL  | Sept.  | 5, 1967  | 7:45   |
| PLACE OF DEATH IN BALTIMORE, MARYLA  | AND  | 4. USUAL RESIDENCE (Where A. STATE B. COUNT  | deceased lived. II inst  | titution: residence before admi  |
| FULL NAME OF (If not in haspital or in   | stitution, give street   | MARVIA   | WI   |  |
| HOSPITAL OR oddress or tacation) †NSTITUTION   |  | C. CITY OR TOWN III outs   | ide city limits, write RL  | JRAL and give township)  |
| 1 BON SECOURS  | HOSPITAL   | BAKT   | Most   | 68-0   |
| 4 2010 02 00 110   | 110011111  | 5206 FE  | RUPARK   | AUF.   |
|  | MARRIED, NEVER MARRIED<br>WIDQWED, DIVORCED (specify)  |  | . AGE (In years  | If Under 1 Yr. If Under 24<br>Manths Days Haurs M  |
| FU   | MARKIEN  | 5-17-91  | 76   |  |
| A. USUAL OCCUPATION (Give kind of work 10 B. one during most of working life, even if retired)   | KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (State or foreig  | n country)   | 12. CITIZEN OF<br>WHAT COUNTRY?  |
| HOUSEWIFE  |  | MAKYSAI  | 00   | U.S.A.   |
| FATHERS NAME   | 1  | 14. MOTHER'S MAIDEN NAM  |  |  |
| CEORDE 101   | 10500  | WITTER   | JAN .  |  |
| . Was Deceased Ever in U. S. Armed Farces?<br>es, nagrunknown) (If yes, give war ar dates of   | 1 6. SOCIAL  | 17. INFORMANT  |  | ADDRESS  |
| No   |  | HARAID S.CA  | Howhill -  | - Jame   |
| 18. 420 01   | CAUSE O  | DEATH  | 1100011111   | INTERVAL BETWEEN   |
| DISEASE OR CONDITION DIRECT  | LY O   | 0 1  |  | ONSET AND DEATH  |
| (This does not mean the made of dying  | (A) CO   | Imonary ede  | ma   | 2 days   |
| heart failure, asthenia, etc. It means the   | Illanda I  |  |  | -  |
|  | at 1   | 4 0 4  |  |  |
| injury or complication which coused dec  | th.)   | restive heart  | failure  | I wk.  |
| ANTECEDENT CAUSES  | th.)  (B) CD  DUE TO   | rzestwe heart z  |  | 1 wk.  |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony,   | th.)  (B) CO  DUE TO   | rgestive heart j   |  | 1 wh.  |
| ANTECEDENT CAUSES  | th.)  (B) CO  DUE TO   |  |  | 1 wk.  |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above cause (A) state UNDERLYING CONDITION last.  | th.)  (B)  DUE TO  giving  ling the (C)  (C)   |  |  | 1 wk.  |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above cause (A) state UNDERLYING CONDITION last.  | giving the (C) Ord   | teriosclerotic h   | leart diseas   | 1 wk. years  |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above cause (A) state underlying condition last.  II  OTHER SIGNIFICANT CONDITIONS CONTITION THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.   | giving the (C) Cert  (RIBUTING TO THE CEREVIAL CON FOR WHICH OPERATION   |  | leart diseas   | years  |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the abave cause (A) state UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.   | giving the (C) Cert  (RIBUTING TO THE CEREVIAL CON FOR WHICH OPERATION   | teriosclerotic h<br>arteriosclerosi  | leart diseas   | Le years  years  ndings considered  se of death?   |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the abave cause (A) state Underlying Condition last.  II  OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION CAUSING IT.  19A. ACCIDENT WAS UNDERLYING CONTRIBUTIONS CO | giving ting the (C) Cert  (C) Cert  (RIBUTING TO THE CEREBIAL OF THE CONFORMATION AED  | eriosclerotic harteriosclerosis  20A. AUTOPSY? (Yes or No)  yes  | leart diseas<br>208. IF YES, WERE FII<br>IN CERTIFYING CAU:  | years  |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above cause (A) state underlying Condition last.  OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)   | giving giving (C) Cest  TRIBUTING TO THE Lerebral CON FOR WHICH OPERATION  | eriosclerotic harteriosclerosis  20A. AUTOPSY? (Yes or No)  yes  | leart diseas<br>208. IF YES, WERE FII<br>IN CERTIFYING CAU:  | Years NDINGS CONSIDERED SES OF DEATH?  |
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| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the abave cause (A) state UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (HOPPROX.)  22. I certify that (I) (this hospital) at   | giving ting the (C) Cert  GRIBUTING (C) Cert  TO THE Cerebral (C)  DN FOR WHICH OPERATION  AED  21B. PLACE OF INJURY (e.g., ir home, lorm, factory, street, of etc.)  Our)  21E. INJURY OCCURRED  While At Not While  Work  Tended the deceosed from Si  | arterwellerous  20A. AUTOPSY? (Yes of No)  4 St.   | 20B. IF YES, WERE FILIN CERTIFYING CAU.  (If in Boftimare  | Modern Service (City, give exact location)   |
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| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise la the abave cause (A) state UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.)  22. I certify that (I) (this hospital) are that (I) (we) last saw the deceased of and haur and from the causes stated of 23A. SIGNATURE  | giving giving ting the (C) Cost  IRIBUTING TO THE CEREBOON  PON FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in hame, larm, factory, street, of etc.)  Our) 21E. INJURY OCCURRED  While At Not While Work  At Work  Tended the deceosed from Solove. (I) (We) (did) (dld not) verification.  | priorseleratic harmonic harmon | 208. IF YES, WERE FILIN CERTIFYING CAU:  (If in Baffimare  RY OCCUR?   | NDINGS CONSIDERED SES OF DEATH?  City, give exact lacation)  Jack 5 19 6  ian death accurred on the                          |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the abave cause (A) state underlying CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INJURY (APPROX.)  22. I certify that (I) (this hospital) atthat (I) (we) last saw the deceased of and hour and from the causes stated of 23A. SIGNATURE   | giving giving ting the (C) Cert  GRIBUTING TO THE CEREBRAL (C) CONFOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., ir hame, lorm, factory, street, of etc.)  21B. PLACE OF INJURY (e.g., ir hame, lorm, factory, street, of etc.)  21B. PLACE OF INJURY (e.g., ir hame, lorm, factory, street, of etc.)  21B. PLACE OF INJURY (e.g., ir hame, lorm, factory, street, of etc.)  21B. PLACE OF INJURY (e.g., ir hame, lorm, factory, street, of etc.)  21B. PLACE OF INJURY (e.g., ir hame, lorm, factory, street, of etc.)  21B. PLACE OF INJURY (e.g., ir hame, lorm, factory, street, of etc.)  21B. PLACE OF INJURY (e.g., ir hame, lorm, factory, street, of etc.)  21B. PLACE OF INJURY (e.g., ir hame, lorm, factory, street, of etc.)  21B. PLACE OF INJURY (e.g., ir hame, lorm, factory, street, of etc.)  | 20A. AUTOPSY? (Yes or No)  20A. AUTOPSY? (Yes or No)  3 or obout 21C. WHERE DID  6 or obout 21C. WHERE DID  6 ce bldg., INJURY OCCUR?  21F. HOW DID INJURY   | 208. IF YES, WERE FILIN CERTIFYING CAU:  (If in Baffimare  RY OCCUR?   | NDINGS CONSIDERED SES OF DEATH? L City, give exact lacation)  April 5 196 ian death accurred on the                          |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the abave cause (A) state that the condition last.  OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFORM WAS PERFORM  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (H) (APPROX.)  22. I certify that (I) (this hospital) attat (I) (we) last saw the deceased of and haur and from the causes stated of 23A. SIGNATURE   | giving ting the (C) Ord  GRIBUTING (C) Ord  TO THE OPERATION  21B. PLACE OF INJURY (e.g., in home, larm, factory, street, of etc.)  While At Not While At Wark  tended the deceosed from Silve an Silve an Silve (did) (dld not) v  M.D. Atternation   | 20A. AUTOPSY? (Yes or No)  20A. AUTOPSY? (Yes or No)  30 or obout 21C. WHERE DID  6 or obout 21C. WHERE DID  6 or obout 21C. WHERE DID  7 or obout 21F. HOW DID INJU  21F. HOW DID INJU  21F. HOW DID INJU  21F. HOW DID INJU  22 Director 6  33 D. ADDRESS  | 20B. IF YES, WERE FILIN CERTIFYING CAU.  (If in Boftimare  (If in Boftimare)  (If in (my) (our) opinion (our) opinion (our) opinion (our)  | NDINGS CONSIDERED SES OF DEATH?  City, give exact lacation)  19 6  ian death accurred on the 23B, DATE SIGNED  9/5/67        |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the abave cause (A) state underlying CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (H. OF INJURY (APPROX.)  22. I certify that (I) (this hospital) atthat (I) (we) last saw the deceased of and haur and from the causes stated of 23A. SIGNATURE  | giving giving ting the  (C) Cert  (C | eriossleratic heriossleratic herioss | 20B. IF YES, WERE FILIN CERTIFYING CAU  (If in Bastimare  RY OCCUR?  1 in (my) (our) opini   | NDINGS CONSIDERED SES OF DEATH?  City, give exact lacation)  Lack 5 196  ian death accurred on the  23B. DATE SIGNED  9/5/67 |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the abave cause (A) state underlying CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFORM WAS PERFORM  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (H) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attact (I) (we) last saw the deceased of and haur and from the causes stated of 23A. SIGNATURE  | giving ting the (C) Ord  GRIBUTING (C) Ord  TO THE OPERATION  21B. PLACE OF INJURY (e.g., in home, larm, factory, street, of etc.)  While At Not While At Wark  tended the deceosed from Silve an Silve an Silve (did) (dld not) v  M.D. Atternation   | eriossleratic heriossleratic herioss | 20B. IF YES, WERE FILL IN CERTIFYING CAU  (If in Boffimare  (If in Boffimare)  (If in (my) (our) opinion of the control of the | NDINGS CONSIDERED SES OF DEATH?  City, give exact lacation)  19 6  ian death accurred on the 23B, DATE SIGNED  9/5/67        |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above cause (A) state underlying CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONTION TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (H) (APPROX.)  22. I certify that (I) (this hospital) attend (I) (we) last saw the deceased of and haur and from the causes stated of 23A. SIGNATURE  23C. PHYSICIAM'S NAME (Type)  | giving ting the (C) Cert  GRIBUTING (C) Cert  TO THE Cerebral (C) Cert  ON FOR WHICH OPERATION AED  21B. PLACE OF INJURY (e.g., ir hame, larm, factory, street, of etc.)  Our) 21E. INJURY OCCURRED  While At Not While At Wark  tended the deceosed from Silve an Certain Silve an Shave. (I) (We) (did) (dld not) v  A. B.R. AUD M.D.  24C. NAME of CEMETERY of CRE  | 20A. AUTOPSY? (Yes or No)  20A. AUTOPSY? (Yes or No)  21F. HOW DID INJU  22F. HOW DID INJ | 20B. IF YES, WERE FILIN CERTIFYING CAU  (If in Bastimare  RY OCCUR?  1 in (my) (our) opini   | NDINGS CONSIDERED SES OF DEATH?  City, give exact lacation)  Lack 5 196  ian death accurred on the  23B. DATE SIGNED  9/5/67 |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise la the abave cause (A) state UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITIONS OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (H. OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attact (I) (we) last saw the deceased of and haur and from the causes stated of 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  14. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  BURIAL CREMATION, 24B. DATE  | giving giving ting the  (C) Cert  (C | 20A. AUTOPSY? (Yes or No)  20A. AUTOPSY? (Yes or No)  21F. HOW DID INJU  22F. HOW DID INJ | 20B. IF YES, WERE FILIN CERTIFYING CAU  (If in Bastimare  RY OCCUR?  1 in (my) (our) opini   | NDINGS CONSIDERED SES OF DEATH?  City, give exact lacation)  Lack 5 196  ian death accurred on the  23B. DATE SIGNED  9/5/67 |





| FUNERAL DIRECTOR: IMPORTANT | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the | written approval must be obtained before the remains are embalmed or final disposition is made. |
|-----------------------------|--|---|
|                             | This the show  | writ  |

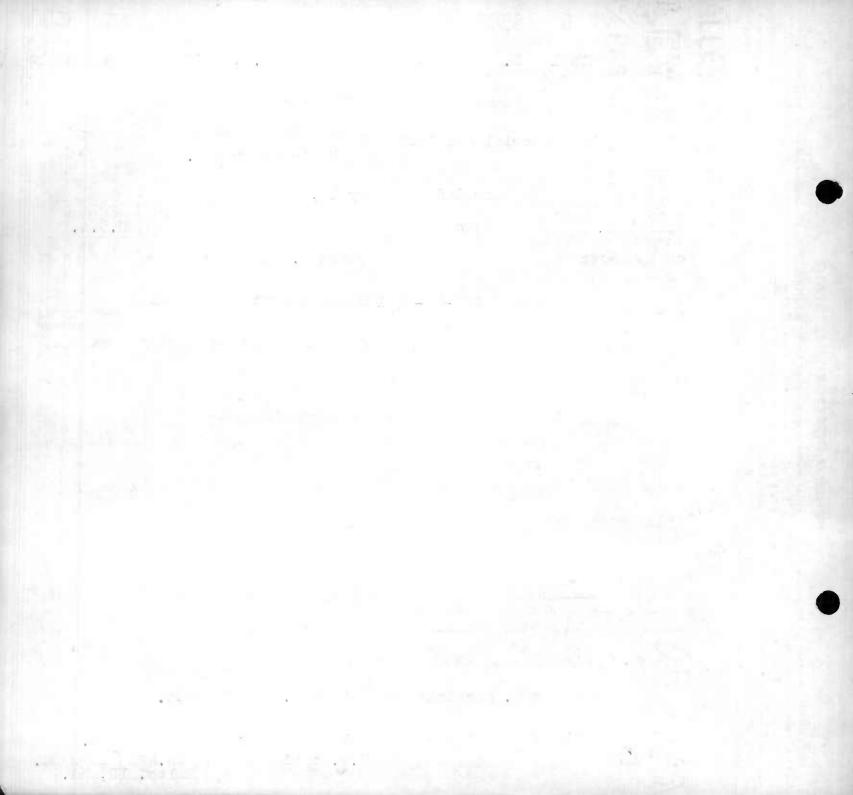
| Гуре от І  |  |  | J. OWEN  | (S  | Sept.  | 5, 1967.                              | 245 p   |
|--|--|--|--|---|--|---------------------------------------|---|
| FULL I   | NAME OF  |  | or institution, s  | give street   | Md.  | Balt                                  | IMOTO RURAL ond give township)  |
|  | /  | Gould Convalo  |  |   |  | uiol, give locotion)<br>L6 Woodside   |   |
| . SEX  |  | 6. RACE<br>White   | 7. MARRIED,  | NEVER MARRIED<br>), DIVORCED (specify)  | 8. DATE OF BIRTH Feb. 20, 1896.  | ost birthdoy) 71                      | If Under 1 Yr. If Under 24 H<br>Months Doys Hours Min.                        |
| lone durin   |  | orking life, even if retired)  | 108, KIND OF   | BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (Stote or foreign   | gn country)                           | 12. CITIZEN OF WHAT COUNTRY?  |
| 3. FATH  | IER'S NAM  | Harry Kle  | inschmid   | lt  | 14. MOTHER'S MAIDEN NAM  |                                       | irchner   |
| Yes, no or   |  | Ever in U. S. Armed For<br>(II yes, give wor or dote   |  | 220-441-9658  | Mr. James A. Ov  | <b>Jo</b> ns                          | (Same)  |
| hear   | s does no<br>ri failure, o<br>ry or comp   | E OR CONDITION DIS<br>LEADING TO DEATH<br>as meon the made of<br>assthenia, etc. II means<br>plication which coused<br>INTECEDENT CAUSES   | dying, e.g.,<br>the disease,<br>deoth.)  | COLLA | lensive Cartie,<br>bush vocaular<br>and Remiple  | accher<br>accher                      | t 6 Morths  |
| DISE<br>rise<br>UNI  | s does no re failure, o ry or comp  A  EASES O to the DERLYING   | LEADING TO DEATH at mean the made of asthenia, etc. II means plication which coused NTECEDENT CAUSES R CONDITIONS, if obave couse (A) CONDITION last.  II FICANT CONDITIONS CATH BUT NOT RELA  | dying, e.g., the disease, deoth.) any, giving sloting the  |   | lengire Cartie,<br>bush vocaular<br>and Remiple  | accher                                | t 6 Morths  |
| DISE rise UNE TO DISE  | s does not refailure, or compared to the DERLYING  | LEADING TO DEATH of mean the made of asthenia, etc. II means plication which coused interest CAUSES R CONDITIONS, if obave couse (A) CONDITION last.  II FICANT CONDITIONS CAUTHORN CAUSING  | dying, e.g., the disease, deoth.)  any, giving sloting the  CONTRIBUTING ATED TO TH  | G   | lengire Cardio le les les les les les les les les les  | 208. IF YES, WERE                     |   |
| DISE TISE UNIT OF TO DISE TO D | s does not relative, of the control  | LEADING TO DEATH at mean the made of asthenia, etc. II means plication which coused intecedent Causes  R CONDITIONS, if obave couse (A) CONDITION last.  II FICANT CONDITIONS ( ATH BUT NOT REIA CONDITION CAUSING OPERATION 198, CON PERATION 198, CON  | dying, e.g., the disease, deoth.)  any, giving sloling the  CONTRIBUTING ATED TO TH IT. IDITION FOR V  | G E WHICH OPERATION PLACE OF INJURY (e.g., e., form, loctory, sheet, c  |  | 208. IF YES, WERE                     | E FINDINGS CONSIDERED AUSES OF DEATH?   |
| DISE INTERPRETATION OF IT OF I | s does not failure, or the fai | LEADING TO DEATH  If meon the made of asthenia, etc. II means plication which coused to the couse of the cous | dying, e.g., the disease, deoth.)  any, giving sloling the  CONTRIBUTION ATED TO TH IT. IDITION FOR V FORMED  218, hom etc. (Hour) 21E.  | PLACE OF INJURY (e.g., e., form, loctory, sheet, c.)  INJURY OCCURRED  ile At Not Whi   | in or obout 21C. WHERE DID office bidg., INJURY OCCUR?   | 208. IF YES, WERE<br>IN CERTIFYING CA | FINDINGS CONSIDERED AUSES OF DEATH?   |
| DISE rise UNIT TO DISE 19A. 21A. OR CO DEAT OF CO DEAT 22A. A 23A. 23C.  | s does not lailure, or ry or comp  AEASES O ta the DERLYING  HER SIGNIF THE DE EASE OR (CONTRIBUTH (notify)  TIME NJURY PROX.)  I certify (1) (we)   | LEADING TO DEATH at mean the made of asthenia, etc. It means plication which coused (NTECEDENT CAUSES)  R CONDITIONS, if obave couse (A) CONDITION (A) (A) CONDITION (B) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A  | dying, e.g., the disease, deoth.)  any, giving sloting the CONTRIBUTING ATED TO THIT.  IDITION FOR VERY CONTRIBUTION FOR VERY CONTRI | PLACE OF INJURY (e.g., e., form, loctory, sheet, c.)  INJURY OCCURRED  ile At Not Whith At Work  the deceased from S/2576   | 20A. AUTOPSY? (Yes or Not line or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY of the line of the lin | 208. IF YES, WERE IN CERTIFYING CA    | FINDINGS CONSIDERED AUSES OF DEATH?  Ore City, give exact location)  9 5 19 7 |

POTO IN THE Disputs the contract the state of the contract Minipartall gradi 220-44-9552 Ser. (heave 3 . Peress.)

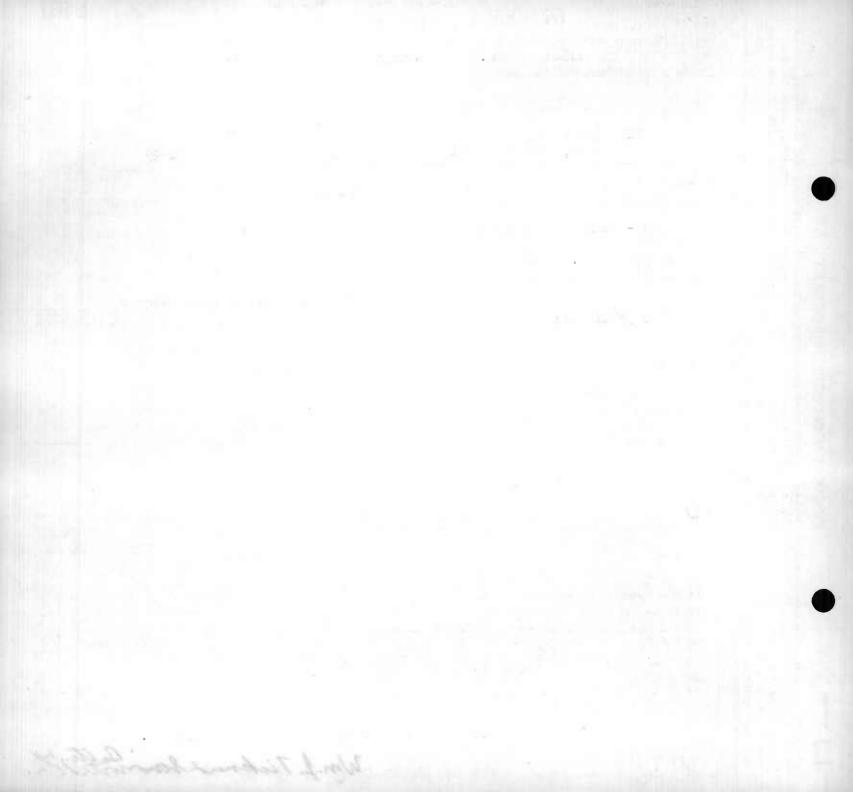
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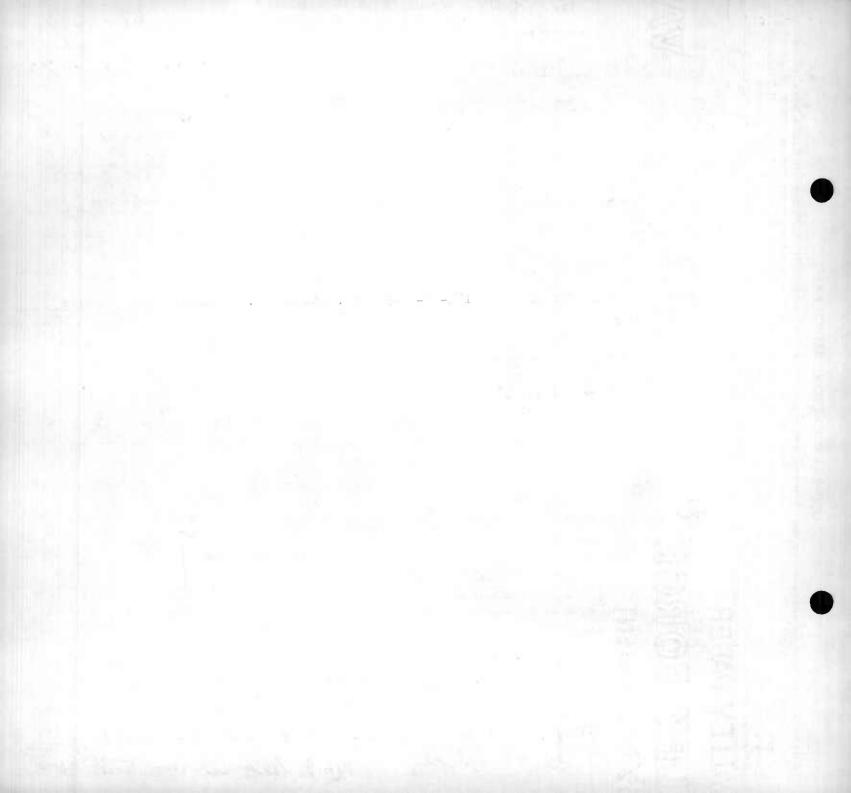
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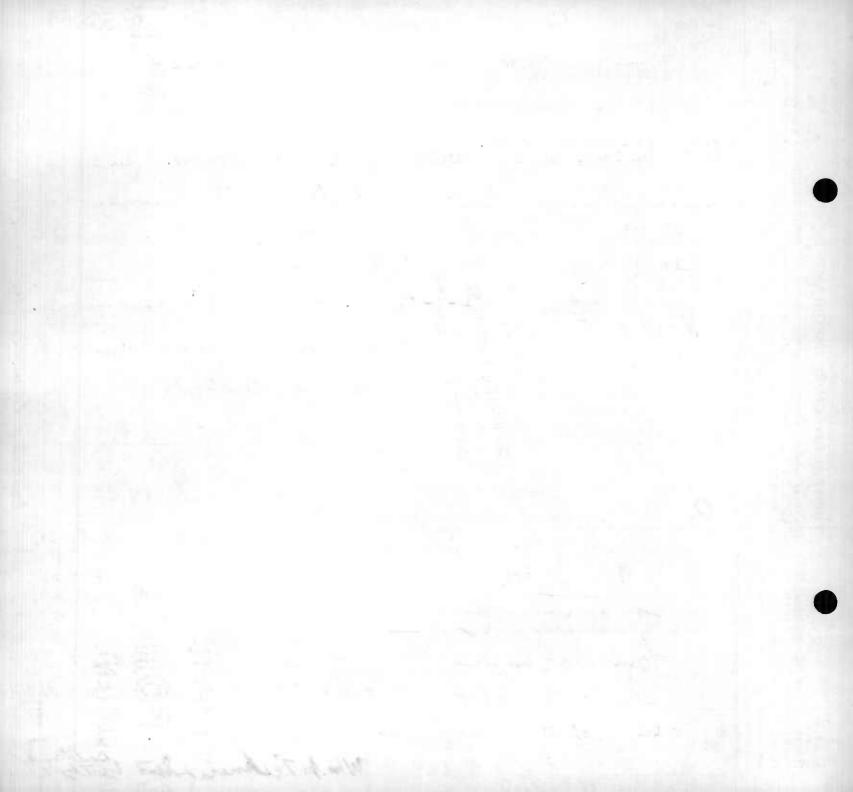
| 7-320  |   | CITY HEALTH DEPARTMENT  | 0.500  |
|--|---|---|--|
| BIRTH NO.  M.E. CASE NO.   | 8560 CERTIFIC   | CATE OF DEATH Registered N  | 67 8560  |
| I, NAME OF DECEASED  |   | 2. DATE AND HOUR OF DEA   | ТН   |
| (Type or Print) Ethel  | L. Potts  | Sept.6, 1967  | 12:10 3  |
| 3. PLACE OF DEATH IN BALTIMORE, MA   | RYLAND  | 4. USUAL RESIDENCE (Where deceased lived.  A. STATE  B. COUNTY              | f institution: residence before admissi-               |
| FULL NAME OF (It not in hospitot   | or institution, give street                           | Maryland  |  |
| HOSPITAL OR address or location  |   | C. CITY OR TOWN (If outside city limits, wr                                 | te RURAL and give township)                            |
|  |   | Baltimore 21218   | 12-0   |
| 44 Union Me  | morial Hospital                                       | D. STREET ADDRESS (If rurol, give location)                                 |  |
|  |   | 457 Ilchester Ave.  |  |
| 5. SEX 6. RACE   | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) | B. DATE OF BIRTH 9. AGE (In years lost birthday)                            | If Under 1 Yr. If Under 24 H<br>Months! Doys Hours Min |
| F W  | Married   | May 19 1908 59  |  |
| tOA, USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired) | 10B. KIND OF BUSINESS OR INDUS                        | TRY 11. BIRTHPLACE (State or foreign country)                               | 12. CITIZEN OF WHAT COUNTRY?                           |
| Housewife  | Own Home  | Maryland  | U.S.A.   |
| 13. FATHER'S NAME  | OHIL MOME   | 14. MOTHER'S MAIDEN NAME  | 0 4 5 4 12 4   |
| Josiah Lentz   |   | Susan M. Stricker   |  |
| 5. Was Deceased Ever in U. S. Armed For  | 2   |   |  |
| Yes, no or unknown) (If yes, give wor or dote  | s of service) SECURITY NO.                            | 17. INFORMANT   | ADDRESS  |
| No   | 220-14-85   | 81 Michael Potts (  | Same)  |
| 18.33/YI   | CAUS  | E OF DEATH  | INTERVAL BETWEEN                                       |
| DISEASE OR CONDITION DI  | RECTLY  |   | ONSET AND DEATH  |
| LEADING TO DEATH   | (A) C   | rebro vascular acia   | dent minutes   |
| (This daes not mean the made of heart failure, asthenia, etc. It means                     | dying, e.g., DUE TO the disease,                      | August 1  |  |
| injury ar camplication which caused  | death.)   | noerteusian   | 10 62 ac   |
| ANTECEDENT CAUSES  | (B)   | /-  | J  |
| DISEASES OR CONDITIONS, if   | ony, giving   | gperteusian<br>Erteriosderous   |  |
| rise to the above cause (A) UNDERLYING CONDITION last.                                     | sloting the (C)                                       | ***************************************                                     |  |
| 11   |   |   |  |
| OTHER SIGNIFICANT CONDITIONS C   | ONTRIBUTING   |   |  |
| TO THE DEATH BUT NOT RELA  | T   |   |  |
| 19A. DATE OF OPERATION 19B. CON  |   | 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WE                                | RE FINDINGS CONSIDERED CAUSES OF DEATH?                |
|  |   | IN CERTIFING  | CHOSES OF DEMIN:                                       |
| OR CONTRIBUTING CAUSE OF   | 21B. PLACE OF INJURY (e.                              | g., in or obout 21 C. WHERE DID (If in Bolling, office bldg., INJURY OCCUR? | more City, give exact location)                        |
| DEATH (notify medical examiner)  | etc.)   |   |  |
| Q 21 D. TIME (Month) (Doy) (Year)  | (Hour) 21E, INJURY OCCURRED                           | 21F. HOW DID INJURY OCCUR?  |  |
| OF INJURY (APPROX.)  |   | While   |  |
|  | Work At W   |   | 1  |
| 22. I certify that (I) (this haspital  | ) ottended the deceased from                          | 19 10 10  | 196/   |
| that (1) (we) lost sow the decease   | d olive on Dept                                       | 19 Ond that in (my) (our)   | opinion death accurred on the                          |
| and hour and from the couses stor  | red obove. (I) (W <del>o) (Ald)</del> (did no         | t) view the body ofter death.   |  |
| 23A. SIGNATURE   | 201   |   | 23B. DATE SIGNED                                       |
| trades (Mac)   | Manuella M.D.   | Attending Med. Stoff Phys. Director Phys.                                   | Sept 7.196   |
| 23C.PHYSICIAN'S  |   | 23D. ADDRESS  | * /  |
| NAME (Type) Charle   | s C. MacMinn  | 2900 E. Baltimores  | t+   |
| 24A. BURIAL CREMATION, 24B. DATE   | 24C. NAME of CEMETERY of                              |   |  |
| REMOVAL (Specify)  | 24C. NAME OF CEMETERY OF                              | CREMATORY 24D, LOCATION   | (City, town, or county) (State                         |
| Burial 9/11/6  | 7 Bailtimore Na                                       | tional Baltimore  | Md.  |
| SED TO HEAT DET  | 258. NAME OF REGISTRAR                                | 25C. FUNERAL DIRECTOR Sons C  | Md<br>ADDRESS<br>ADDRESS                               |
| OLF ( 1301 ( Colser  | D CHICKENNA (   | ur. M. a en kana o sous   | 10.4905 York Rd.                                       |
| VS 150-REV. 1/1/65   |   |   | lto. 12, Md.   |



| HART OF DECARD  For Privall  Harriet L. Boaigh  Har | BIRTH NO.  M.E. CASE NO.  | 8561 CERTIFIC                               | ATE OF DEATH Registered No.                                  |  |
|--|---|---|--|--|
| FULL NAME OF MOSTILA OR MOSTILA O | 1. NAME OF DECEASED   | L. Ebaug                                    |  | 4:00 P. N                                |
| MATYLING  TO THE MINISTER OF STREET ADDRESS (It road, give lowering)  Baltimore  DISTRET ADDRESS (It road, give location)  The Winams Way  Baltimore  DISTRET ADDRESS (It road, give location)  The Winams Way  Baltimore  DISTRET ADDRESS (It road, give location)  The Winams Way  DISTRET ADDRESS (It road, give location)  Rever Married  Maryland  12. CITIEN OF Manches Park  Maryland  12. CITIEN OF WHAT COUNTRY  Real Park  Rever Married  Maryland  12. CITIEN OF WHAT COUNTRY  Rever Married  Maryland  12. CITIEN OF WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  MISS Lalu Ebaugh same address  CAUSE OF DATH  MISS Lalu Ebaugh same address  CAUSE OF DATH  MISS Lalu Ebaugh same address  CAUSE OF DATH  MISS Lalu Ebaugh same address  DISTRET COUNTRY (It only give location)  ON THINDY  ADDRESS (COUNTRY ONLY IT ON)  CALLED ADDRESS (COUNTRY ONLY IT ON)  DISTRET COUNTRY (It only IT ONLY  | 3. PLACE OF DEATH IN BALTIMORE, MARYLA  | ND  | 4. USUAL RESIDENCE (Where deceosed lived, If i               | institution: residence before admission) |
| MOSPITALO R  TO Winans Way  Baltimore, Maryland  21229  SEE ASACE  Maryland  Lever Maryland  21229  SEE ASACE  Mile  Mil | FULL NAME OF (If not in hospital or in  | slilution, give street                      | 1  |  |
| Baltimore, Maryland 21229  SEE Brale 6. SACE White 7. MARRIED NEVER MARRIED 1. STREET ADDRESS of It rune, give localized 71.9 Winans Way 21229  SEE Brale 6. SACE White 7. MARRIED NEVER MARRIED 1. SACE OF BIRTH 9. AGE (in year) Married 1. SA |   |   | C. CITY OR TOWN (If outside city limits, write               | RURAL and give township)                 |
| Baltimore, Maryland 21229  719 Winans Way 21229  710 Winans Way 21 | 719 Winans Way  | )   |  | 28-04                                    |
| SET BIRLLE B. RACE PRODUCT STATE ALBERT BY ALB |   |   |  | 200                                      |
| widowed, by the widowed, by th |   |   |  |  |
| Maryland  Maryla | Female White  | Never Married                               | 9/17/1896   lost birthdoy   70                               | Months Doys Hours Min.                   |
| Retired - Clerk B and O RR  Maryland  14. MOTHERS MAIDEN NAME  GEORGE W. Ebaugh  Was Decessed Ever in U. S. Armed Forces?  15. SOCIAL  17. INFORMANT  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., hours of lights) the source of lights of compliants of the source  |   | KIND OF BUSINESS OR INDUST                  | RY 11. BIRTHPLACE (State or foreign country)                 | 12. CITIZEN OF<br>WHAT COUNTRY?          |
| Mary Disney Waugh   Mary Disney Waugh   Mary Disney Waugh  |   | and O RR                                    | Maryland   |  |
| Was Deceased Ever in U. S. Armed Forces?    18.   19.  | 3. FATHER'S NAME  |   | 14. MOTHER'S MAIDEN NAME                                     |  |
| Was Deceased Fun in U. S. Amed Forest Service   15. SOCIAL S. No or unknown   11 yes, give war or dotes of service   15. SOCIAL SECURITY NO.   17. INFORMANT   Miss Lalu Ebaugh same address   18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   INTERVAL BETWEEN ONSET AND DEATH   INTERVAL BETWEEN  | George W. Ebau  | gh  | Mary Disney Waugh  |  |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., head follow, soltheria, etc.) It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving dise to the above cause (A) stelling the UNDERLYING CONDITION SCONTIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  JAPA DATE OF OPERATION 1984 CONDITION FOR WHICH OPERATION WAS TERFORMED WAS TERFORMED WAS TERFORMED OR CONTRIBUTING CAUSES OF DEATH?  JAPA DATE OF OPERATION 1984 CONDITION FOR WHICH OPERATION WAS TERFORMED OR CONTRIBUTING CAUSES OF DEATH?  JAPA DATE OF OPERATION 1984 CONDITION FOR WHICH OPERATION WAS TERFORMED OR CONTRIBUTING CAUSES OF DEATH?  JAPA DATE OF OPERATION 1984 CONDITION FOR WHICH OPERATION WAS TERFORMED OR CONTRIBUTING CAUSES OF DEATH?  JAPA DATE OF OPERATION 1984 CONDITION FOR WHICH OPERATION WAS TERFORMED OR CONTRIBUTING CAUSES OF DEATH?  JAPA DATE OF OPERATION 1984 CONDITION FOR WHICH OPERATION WAS TERFORMED OR CONTRIBUTION OF WHICH OPERATION WAS TERFORMED OR CONTRIBUTION OF WHICH OPERATION WAS TERFORMED OR CONTRIBUTION OF WAS TERFORMED OR CONTRIBUTION OR CONTRIBUTION OF THE TERFORMED OR CONTRIBUTION | 5. Was Deceased Ever in U. S. Armed Forces?   | 1 6. SOCIAL                                 |  | ADDRESS                                  |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., the test follow, cathenia, etc., in jury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving tisse to the above cause (A) stating the UNDERLYING CONDITIONS contributed to the obove cause (A) stating the UNDERLYING CONDITIONS (IT any, giving tisse to the above cause (A) stating the UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSINO IT.  194-DATE OF OPERATION 195- CONDITION FOR WHICH OPERATION 204-AUTOPSTY(Tes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFITING CAUSES OF DEATH?  274-ACCIDENT WAS UNDERLITED AND THE CONDITION CAUSES OF DEATH?  275-DATE (Manh) (Day) (Yead (Hour) 21E, INJURY (e.g., in or about 21.C., WHERE DID OR CONTRIBUTING CAUSE OF DEATH?  276-ACCIDENT WAS UNDERLYING AUSSE OF DEATH?  277-ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSES OF DEATH?  278-ACCIDENT WAS UNDERLYING CONTRIBUTED COLOR CONTRIBUTION CAUSE OF DEATH?  279-ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  2710-TIME (Manh) (Day) (Yead (Hour) 21E, INJURY (e.g., in or about 21.C., WHERE DID OR CONTRIBUTION CAUSES OF DEATH?  2710-TIME (Manh) (Day) (Yead (Hour) 21.E. INJURY OCCURE CONTRIBUTION CAUSE OF DEATH?  While A1 WAS WHITE COLOR CONTRIBUTION COLOR CONTRIBUTION CAUSE OF DEATH?  While A1 WAS WHITE COLOR COLOR CONTRIBUTION CAUSE OF DEATH?  While A1 WAS WHITE COLOR CONTRIBUTION CAUSES OF DEATH?  While A1 WAS WAS COLOR CONTRIBUTION CAUSES OF DEATH?  While A1 WAS COLOR CONTRIBUTION.  A1 WAS COLOR | es, no or unknown litt yes, give wor di dotes of  | SECURITY NO.                                | Mice July Phanch care  | ddnoes                                   |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart follower, esthema, etc., II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving tisse to the obove cause (A) stoling the UNDERLYING CONDITION tost.  OTHE DEATH CONDITIONS CONTRIBUTING DISEASES OR CONDITIONS CONSIDERED THE DISEASE OR CONDITION CAUSING THE DEATH CONDITIONS CONSIDERED TO THE DISEASE OR CONDITION CAUSING THE DISEASE OR CONDITION COURSED THE DISEASE OR CONDITION CAUSING THE DIS | 184/99/15/1   | CAUSE                                       |  |  |
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| DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the UNDERLYING CONDITION lost.    OTHER SIGNIFICANT CONDITION CONTRIBUTING  |   |   | arrease -  |  |
| DISEASES OR CONDITIONS, if any, giving tise to the obove cause (A) stating the UNDERLYING CONDITION lost.    II  | ANTECEDENT CAUSES   | (B)OUE TO                                   | ***************************************                      |  |
| UNDERLYING CONDITION lost.    I  |   | giving                                      |  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  199A. DATE OF OPERATION 199B. CONDITION FOR WHICH OPERATION WAS PERFORMED  274A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  275B. TO THE CONTRIBUTING CAUSE OF DEATH?  276B. CONTRIBUTING CAUSE OF DEATH (notify medical examined)  271D. TIME (Month) (Doy) (Year) (Hour)  271D. TIME (Month) (Doy) (Year) (Hour)  271D. TIME (Month) (Doy) (Year) (Hour)  271D. TIME (Month) (I) (this hospitol) attended the deceased from 199D and that in(my) (bour) apinian death accurred an the date and hour and from the causes stated abave. (I) (We) (did) (did not) view the bady after death.  272C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE (Month) 24B. DATE (Month) Phys.  DITION CONTRIBUTING  272C. NAME of CEMETERY of CREMATORY  272D. AME (Type)  PLESSON OF CONTRIBUTION (City, town, or caunty)  PRICE OF INJURY OCCUR?  While A1   |   | ing the (C)                                 |  |  |
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| 19A. DATE OF OPERATION   19R. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?  27A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING CAUSE OF DEATH?  27A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING CAUSE OF DEATH?  27A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING CAUSE OF DEATH?  27A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING CAUSE OF DEATH?  27A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING CAUSE OF DEATH?  27A. ACCIDENT WAS UNDERLYING   OR CENTER OF DEATH | OTHER SIGNIFICANT CONDITIONS CONT   | RIBUTING                                    | cabetes mellitus   |  |
| DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURED While At Not While Work  At Work (I) (this hospital) attended the deceased fram  19 55 ta 7 19 67  that (I) (we) last saw the deceased alive an 19 67 and that in(my) (our) apinian death accurred an the date and haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Typel)  A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  Physical Pickesville, Md.  Pikesville, Md.   | DISEASE OR CONDITION CAUSING IT.  |   |  |  |
| DEATH (notify medical exominer)  21D. TIME (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURED While At Not While Work  At Work (I) (this hospital) attended the deceased fram  19 55 ta 7 19 67  that (I) (we) last saw the deceased alive an 19 67 and that in(my) (our) apinian death accurred an the data and haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Typel)  A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  Pikesville, Md.  Pikesville, Md.   | 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM                                       | ON FOR WHICH OPERATION                      | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED                      |
| DEATH (notify medical exominer)  21D. TIME (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURED While At Not While Work  At Work (I) (this hospital) attended the deceased fram  19 55 ta 7 19 67  that (I) (we) last saw the deceased alive an 19 67 and that in(my) (our) apinian death accurred an the data and haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Typel)  A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  Pikesville, Md.  Pikesville, Md.   | A CCIDENT WAS INTEREST WINE   | 218 81 4 65 65 (111115)                     | NO   |  |
| 22. I certify that (I) (this hospital) attended the deceased fram 8 - 19 55 to 8 - 3/- 19 6/2 that (I) (we) last saw the deceased alive an 8 - 3/- 19 6/2 and that in (my) (our) apinian death accurred an the date and hour and fram the causes stated above. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  HARR  A. BURIAL CREMATION, REMOVAL ISpecify  Phys. Calmandan  A. BURIAL CREMATION, REMOVAL ISpecify  Phys. Calmandan  A. C. NAME of CEMETERY of CREMATORY  Pikesville, Md.  Pikesville, Md.  | O ZYA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) | home, form, foctory, street,                | office bldg, INJURY OCCUR?                                   | re City, give exoct locolian)            |
| 22. I certify that (I) (this hospital) attended the deceased fram 8 - 19.55 to 8 - 3/- 19.67  that (I) (we) last saw the deceased alive an 8 - 19.67 and that in(my) (our) apinian death accurred an the dat and have and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  HARR  A. BURIAL CREMATION, REMOVAL ISpecify  9/2/67  Druid Ridge Cemetery  Pikesville, Md.  19.55 to 8 - 3/- 19.67  And that in(my) (our) apinian death accurred an the dat and the dat in (my) (our) apinian death accurred and the dat in (my) (our) apinian death accurred and the dat in (my) (our) apinian death accurred and the dat in (my) (our) apinian death accurred and the dat in (my) (our) apinian death accurred and the dat in (my) (our) apinian death accurred and the dat in (my) (our) apinian death accurred and the dat in (my) (our) apinian death accurred and the dat in (my) (our) apini | O 21D. TIME (Month) (Doy) (Year) (H   | our) 21E. INJURY OCCURRED                   | 21F. HOW DID INJURY OCCUR?                                   |  |
| 22. I certify that (I) (this hospital) attended the deceased fram  | (APPROX)  |   |  |  |
| that (I) (we) last saw the deceased alive an S-3/- 19 6/ and that in (my) (our) apinian death accurred an the dat and have and from the causes stated abave. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  HARR  A. BURIAL CREMATION, REMOVAL ISpecify  9/2/67  Druid Ridge Cemetery  Pikesville, Md.   | 22 I cossify that (I) (this beginning)  |   |  | - 3/- 10/7                               |
| and haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  HARR  A. BURIAL CREMATION, REMOVAL ISpecify)  Burial  9/2/67  Druid Ridge Cemetery  Pikesville, Md.  |   | 9-71  | //   |  |
| 23A. SIGNATURE  23A. SIGNATURE  M.O. Attending Med. Director Phys. 23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  HARRY  A. BURIAL CREMATION, 24B. DATE /24C. NAME of CEMETERY of CREMATORY  Burial 9/2/67  Phys. 24D. Address  M.O. Attending Med. Director Phys. 23B. DATE SIGNED  9-1-67  23D. ADDRESS  M.D. 4/16 Edinarden Are Balte 29 man and Cemetery of CREMATORY  24O. LOCATION (City, town, or caunty) (Stote)  Burial 9/2/67  Physician's Med. Director Phys. 23B. DATE SIGNED  9-1-67  Phys. 23B. DATE SIGNED  9-1-67  Phys. 24D. Attending Med. Director Phys. 24D. LOCATION (City, town, or caunty) (Stote)   |   |   |  | inian death accurred an the dat          |
| Attending Med. Director Stoff Direct |   | bave. (I) (We) (did) ( <del>did not</del> ) | ) view the bady after death.                                 |  |
| 23C. PHYSICIAN'S NAME (Type)  HARRY  A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify)  Burial  9/2/67  Druid Ridge Cemetery  Phys.  Director Phys.  Phys.  Phys.  Director Phys.  Director Phys.  Phys.  Director Phys.  Phys.  Director Phys.  Di | Same of A   | AA O A                                      | Steeding St. Stoff   | 23B. DATE SIGNED                         |
| NAME (Type)  HARRY  L. KNIPP  M.D. 4/16 Edimondian Are Balte 29 mg  A. BURIAL CREMATION, REMOVAL ISpecify)  Burial  9/2/67  Druid Ridge Cemetery  Pikesville, Md.  | September 1 X 1   | MAR 1 P                                     | hys. Director Phys.  | 7-1-6/                                   |
| Burial 9/2/67 Druid Ridge Cemetery Pikesville, Md.   | NAME (Type) HARRY L. KN   | PP, M.                                      | 1116 6d mars 1.  | he Balt 29 mo                            |
| Burial 9/2/67 Druid Ridge Cemetery Pikesville, Md.   | 24A. BURIAL CREMATION, 24B. DATE  | 24C. NAME OF CEMETERY OF                    | CREMATORY 240, LOCATION (C                                   | City, town, or caunty) (State)           |
|  |   | Druid Ridge C                               | emetery Pikesville   | Md.                                      |
| SEP 7 1961 Olobal C. Wm. J. Tickner Sonowite IPa.  |   | 64 10                                       |  | PADDRESS 2                               |
| and the state of t | SEP 7 1967 Obligate   |   | Why A Zichn 28   | Dallo, rell                              |
| 150-REV. 1/1/65  | /S 150-REV. 1/1/65  |   | S. B. July   | www.                                     |







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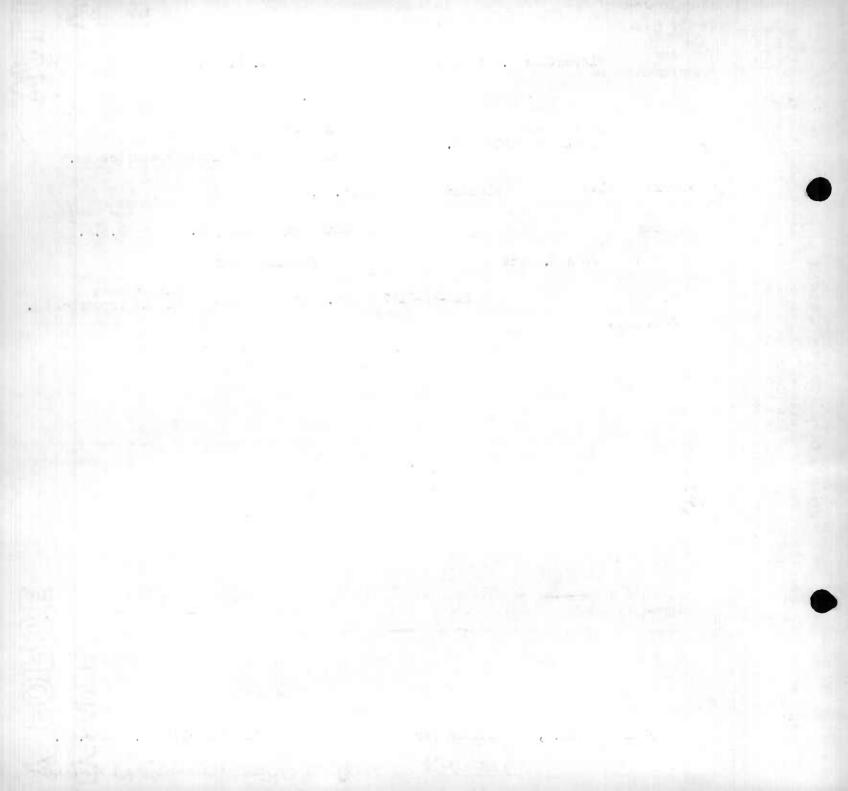
| MI-240              | 00   | 077                  | BALTIMORE CITY  |                         |                 |                           | 67 81                                  | 505             |
|---------------------|--|----------------------|---|-------------------------|-----------------|---------------------------|--|-----------------|
| BIRTH NO.           | 6/   | 855                  | 55 CERTIFICA  | TE OF D                 | EATH            | Registered No             | . 01 0                                 | טטע             |
| NAME OF DE          | and the second s |                      |   |                         |                 | ND HOUR OF DEAT           | н                                      |                 |
| Type or Print)      | Herbert  | C Min                | haal  |                         |                 |                           |  | 30              |
| PLACE OF D          | EATH IN BALTIMORE MA   |                      | HaeT  | TA HISHAL PES           | DENCE (MP       | tember 5,19               | institution: residence bet             | iore odmirai    |
| FULL NAME           |  |                      | give street   | A. STATE                | B, COU          |                           | institution, lesigence be              | ole odnissi     |
| HOSPITAL OF         | R oddress or location  | 1)                   |   | C. CITY OR TO           | WN (If o        | utside city limits, write | RURAL and give town                    |                 |
| 00                  | Melchor  | Nu rsi ng            | Home  | Baltim                  | ore             |                           | 12                                     | -0:             |
| 70                  | 2327 N.C   | _                    |   | D. STREET AD            | DRESS (I        | f rurol, give location)   |  |                 |
| ,                   | 2)21 1140  | 1101 100             | 500   | 3217                    | N.Calv          | ert St.                   |  |                 |
| SEX                 | 6. RACE  |                      | NEVER MARRIED   | B. DATE OF BIR          | RTH             | 9. AGE (In years          | If Under 1 Yr., If                     | Under 24        |
| Male                | Whi te   | Wi do                |   | Jan.21,1                |                 | tost birthdoy)            |  | urs Min         |
|                     | CUPATION (Give kind of work<br>of working life, even if retired)   | 10B, KIND OF         | BUSINESS OR INDUSTRY  | 11. BIRTHPLAC           | E (State or for | reign country)            | 12. CITIZEN OF<br>WHAT COUNT           | RY?             |
| _                   |  |                      |   | Ci nai na               | +++ 0           | hi o                      |  |                 |
| FATHER'S NA         | Packer (Retired  | <u> </u>             |   | Cincina<br>14. MOTHER'S |                 |                           | U.S.A.                                 |                 |
| » IMINEKS IV        |  |                      |   | 14. MOTHER'S            | MAIDEN NA       | AME                       |  |                 |
|                     | George W. Mic  | hael                 |   | Ad                      | la Stev         | enson                     |  |                 |
| Was Decease         | ed Ever in U. S. Armed For   | ces?                 | 1 6. SOCIAL   | 17. INFORMAN            | Ť               |                           | ADDRESS                                |                 |
| No No               | wn) (If yes, give wor or date  | s of service         | 219-20-8871   | Mrs.Mar                 | y M.Bn          | umfield 323               | 1 St.Paul St                           | •               |
| 1B. // )            | 2,/ 1  |                      | CAUSE O   | FDEATH                  |                 |                           | INTERVAL                               |                 |
|                     | ASE OR CONDITION DIR   | RECTLY               |   | , ,                     | 9               |                           | gowlor desk                            | DEATH           |
| rise la l           | ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) NG CONDITION last.   | any, giving          | (B)   |                         |                 |                           |  |                 |
| TO THE              | NIFICANT CONDITIONS C<br>DEATH BUT NOT RELA<br>R CONDITION CAUSING I   | TED TO TH            |   |                         |                 |                           |  |                 |
|                     | OF OPERATION 198. CON  | DITION FOR Y         | WHICH OPERATION   | 20 A. AUTOP             | SY? (Yes or h   | IN CERTIFYING C           | E FINDINGS CONSIDER<br>AUSES OF DEATH? | ED              |
| OR CONTRI           | BUTING CAUSE OF ify medical examiner)  | 21 B.<br>hom<br>etc. | PLACE OF INJURY (e.g., in the second of the | fice bldg., INJUI       | THERE DID       | (If in Boltime            | ore City, give exact loca              | olion)          |
| 21D. TIME           | (Month) (Doy) (Year)   | (Hour) 21 E.         | INJURY OCCURRED   | 21 F. H                 | IOW DID IN      | JURY OCCUR?               |  |                 |
| OF INJURY           |  |                      | ile At Not Whil   | е                       |                 |                           |  |                 |
|                     |  | Wo                   |   | //                      |                 |                           | 7 -                                    |                 |
| 22. I certif        | fy that (1) (this hospital   | ) attended t         | he deceosed from  | 1 1                     | <i>t</i>        | 1967 to S.                | spt 5                                  | 19_ <i>La</i> _ |
| that (1) (we        | e) last sow the decease  | d olive on           | Stpt 3  | 19 @                    | ond t           | hot in (my) (our) o       | pinian death accurre                   | d on the        |
| and hour o          | nd from the couses stat  | red above. (         | ) (We) (did) (did not)  | iew the body            |                 |                           |  |                 |
| 23A. SIGN A         | -:   | /                    |   |                         |                 |                           | 238 DATE SIGNED                        |                 |
| 1                   | 1//  |                      | M.D. Atte   | ending                  | Med.            | Stoff                     | 5 /-                                   | 161-            |
| 0                   | ramos. Ya  | mod                  | Phy   | 5.                      | Director        | Phys.                     | Sept ) 1                               | 761             |
| 23C. PHYSIC<br>NAME | IAN'S<br>(Type)  | 0                    |   | 23D. ADDRESS            | 9               |                           | 0                                      |                 |
| TO THE              | FRANDIS V  | CARMO                | 07 M.D.   | 3201                    | N               | PHARLES                   |  |                 |
| IA. BURIAL CI       | REMATION 24B DATE  |                      | AME of CEMETERY of CRE  | MATORY                  | 1240            | LOCATION                  | City, town, or county)                 | (Stote          |
| REMOVAL             | (Specify)  |                      |   |                         |                 |                           |  | (3101)          |
| Buria               |  |                      | Woodlawn Ceme   |                         |                 | Woodlawn Md               | •                                      |                 |
| SEPS                | 7 1967 Police  | 258. NAME (          | DE REGISTRAR  | 25C. FUNER              | AL DIRECTO      | former of S               | Bension Buffi                          | 1 ma            |
| S 150-REV. 1/       | 1/65   | 1                    |   | 141                     | 7 7 7 0         | , , , , ,                 | - Car                                  |                 |

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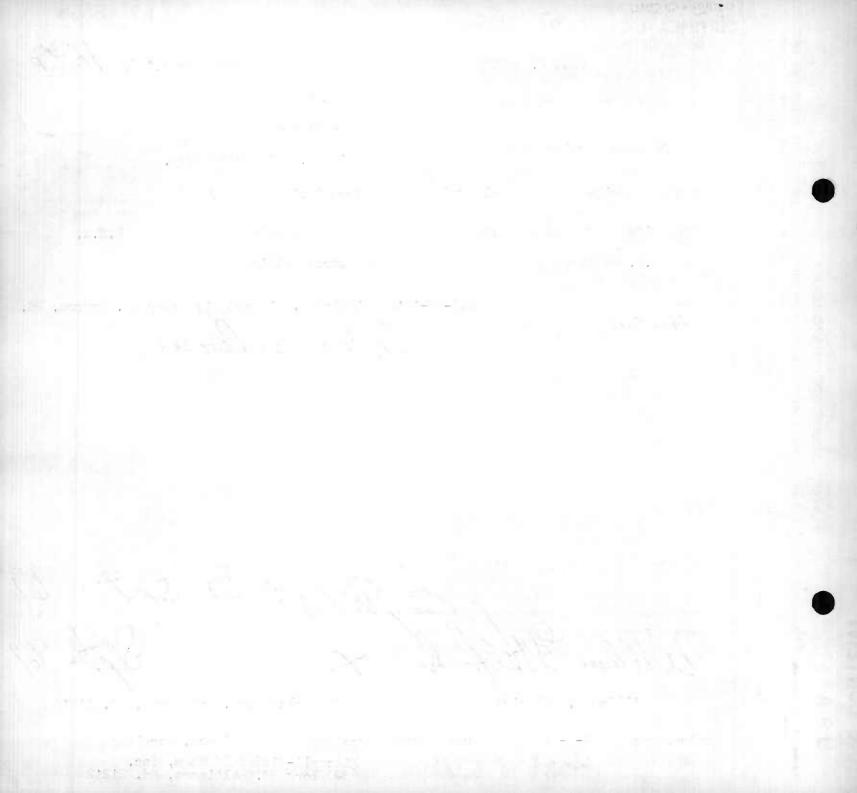
| F-655  | BALTIMORE CIT  | Y HEALTH DEPARTMENT                            | C'7 DEAN                                |
|--|--|--|---|
| BIRTH NO. 67   | 8566 CERTIFICA   | TE OF DEATH Registered No.                     | . ०७ ७०७७                               |
| M.E. CASE NO.  1. NAME OF DECEASED                           | ,  | 2. DATE AND HOUR OF DEAT                       | н                                       |
| (Type or Print)  | 122 H  | SEDT OF BEAT                                   | 1611 11 05                              |
| 3. PLACE OF DEATH IN BALTIMORE MARYLAI                       | ARY 11.  | 4. USUAL RESIDENCE (Where deceased lived If    | 1761 7                                  |
| S. PLACE OF DEATH IN BALLIMORE, MARILAN                      | ND .   | A. STATE B. COUNTY                             | institution; residence before admiss    |
| FULL NAME OF (II not in hospital or ins                      | titution ave steet   | MARY AND                                       |   |
| HOSPITAL OR oddress or location)                             | monon, give sireer   | C. CITY OR TOWN (If outside city limits, write | e RURAL and give township)              |
| INSTITUTION  |  | 1  | 12-0                                    |
| 1.1  | /  | D. STREET ADDRESS (If rurol, give location)    | 150                                     |
| 14/12 M  | 21.21 11-0   | D. STREET ADDRESS (IT TOTAL, give tocolion)    | , 0                                     |
| UNION IIIEM  | KINK MOSP.   | 1 E. UNIVERSITY                                | PARKWAY                                 |
| . SEX 6. RACE 7. M   | ARRIED, NEVER MARRIED  | B. DATE OF BIRTH 9. AGE (In years              | II Under 1 Yr. , II Under 24            |
|  | DOWED, DIVORCED (specify)                                    | 5/29/1874 lost birthdov                        | Months Doys Hours Mi                    |
| OA. USUAL OCCUPATION (Give kind of work 108,                 |  |  | 12, CITIZEN OF                          |
| done during most of working life, even if retired)           | CIND OF BOSINESS OR INDOSER                                  | 11. Bikini LACE (Side of toleigh country)      | WHAT COUNTRY?                           |
| Retired - Manager  | Travel Bureau  | KENTUCKU                                       | 11.5                                    |
| 3. FATHERS NAME  | Indian Daleau  | 14. MOTHER'S MAIDEN NAME                       |   |
| T 0/   |  | 100  |   |
| JOHN S. WUSK   |  | /// Alice                                      | . lind                                  |
| S. Was Deceased Ever in U. S. Armed Forces?                  | 1 6. SOCIAL  | 17. INFORMANT                                  | ADDRESS                                 |
| Yes, no or unknown) (II yes, give wor or dotes of            | SECURITY NO.   | Miss B. M. Heywood 205                         | Tyron Road                              |
|  |  |  | Tyron noad                              |
| 18.422.1   | CAUSE  | OF DEATH                                       | INTERVAL BETWEEN ONSET AND DEATH        |
| DISEASE OR CONDITION DIRECTL                                 | Υ /  | sout as out on a                               | ONSET AND DEATH                         |
| LEADING TO DEATH   | (A)  | and a number of them was                       |   |
| (This does not meen the mode of dyin                         |  | SOIL DE COURTE                                 |   |
| heart failure, asthenia, etc. It means the a                 |  | and the configuration                          |   |
| ANTECEDENT CAUSES  | (B) h  | Lan Failure                                    |   |
|  | DUE TO   |  | • |
| DISEASES OR CONDITIONS, if ony,                              |  | 0  | 1 1                                     |
| rise to the above couse (A) state UNDERLYING CONDITION lost. | ng lhe (C)   | (11)   | a well preuse                           |
|  |  | VV.  | muy fineign                             |
| OTHER SIGNIFICANT CONDITIONS CONTI                           | RILLING  |  | //                                      |
| Y TO THE DEATH BUT NOT RELATED                               | TO THE   |  | V                                       |
|  | N FOR WHICH COTTO  | 120A ALIZORENS/V N. N. OOR AR V                | S EINIDINGS CONTRACTOR                  |
| WAS PERFORM  |  | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER    | E FINDINGS CONSIDERED CAUSES OF DEATH?  |
| 8/10/67 WAS PERFORM  | RENE OF (K) TO   |  |   |
| OR CONTRIBUTING CAUSE OF                                     | 21 B. PLACE OF INJURY (e.g.,<br>home, form, foctory, street, | in or obout 21C. WHERE DID (If in Boltim       | ore City, give exact location)          |
| DEATH (notily medical examiner)                              | etc.)  |  |   |
| 21D. TIME (Month) (Doy) (Year) (Ho                           | ur) 21E INJURY OCCURRED                                      | 21F. HOW DID INJURY OCCUR?                     |   |
| S OF INJURY  | While At Not Whi   |  |   |
| (APPROX.)  | Work At Work   |  |   |
| 22. I certify that (49) (this hospital) atta                 | anded the deceased from                                      | 8/9 19 67 to                                   | 9/5 196                                 |
|  | m / -  | -/-  | / / -                                   |
| that (1) (we) lost saw the deceased ali                      |  | 19.6.7 and that in(my) (our) a                 | pinian death accurred an the            |
| and hour and fram the couses stoted a                        | baye. (1) (We) (did) (did not)                               | view the bady ofter death.                     |   |
| 23A. SIONATURE   |  |  | 23 B. DATE SIGNED                       |
| 11/1/1/1/1/  | / . T / M.D. At  | ending Med. Stoff                              | 9/0/19                                  |
| 23C BUYSICIANS   | Key / Ph   |  | 1/3/6/                                  |
| 23C.PHYSICIAN'S<br>NAME (Type)                               |  | 23D. ADDRESS                                   | ///                                     |
| W. H. OEHLERT, JR.   | M.D.   | THE UNION MEMORIAL H                           | OSPITAL                                 |
| 4A. BURIAL CREMATION, 248, DATE                              | 24C. NAME of CEMETERY of CE                                  |  | City, town, or county) (Sto             |
| Burial 9/8/67  |  |  |   |
| Dullar 7/0/0/  | Lorraine Park  | Cemetery Woodlawn, M                           | Q.                                      |
| 25A. DATE REC'D BY HEALTH DEPT. 25B.                         | NAME OF REGISTRAR  | 25C. FUNERAL DIRECTOR                          | ADDRESS                                 |
| SEP 7 1967 (17.7. 15)  | E TOWKEN O   | John A Fisher 18-                              | Ballo in the                            |
| 4 150 PPW 1/1/45   | 4 9 7 0 1  | with it will here 17                           | no work to be                           |
| \$ 150-REV. 1/1/6\$  |  |  |   |

thing the mains that I is surrain there wat book a .... Theread Pridered it it also THE STATE OF THE

| FULL NAME OF HOSPITAL OR INSTITUTION   | Florentine B.  |  |  | u   |
|--|--|--|--|---|
| FULL NAME OF HOSPITAL OR INSTITUTION   | BALTIMORE, MARYLAND  | Cam Cam 3  | 2. DATE AND HOUR OF DEAT   | 1   |
| FULL NAME OF HOSPITAL OR INSTITUTION   |  | Saniora  | Sept. 2,1967   | institution residence below admissi                                       |
| HOSPITAL OR INSTITUTION Up.  | 10   |  | A, STATE B. COUNTY   | manufacture delice delice delice  |
| Up.  | Il not in hospital or institu  | ion, give street   | Md.  |   |
|  | oddress or (ocotion)   |  | C. CITY OR TOWN (If outside city limits, writ                              | e RURAL ond give township)  |
| 90 45  | lands Home   |  | Baltimore  | 78-0  |
|  | Ol Old Freder  | ick Rd.  | D. STREET ADDRESS ((f rurol, give locotion)                                |   |
|  |  |  | Uplands Home 4501 Old 1  |   |
| SEX 6. RACI  | WIDO   | RIED, NEVER MARRIED OWED, DIVORCED (specify)   | 8. DATE OF BIRTH 9. AGE (In years lost birthday)                           | Months Doys Hours Min   |
| Female Wh  |  | Widowed  | Nov. 4,1878 88   |   |
|  |  | D OF BUSINESS OR INDUSTRY  |  | 12. CITIZEN OF<br>WHAT COUNTRY?   |
| ne during most of working li   | ile, even il retired)  |  | Wantanamana Cauntan Ma   |   |
| At Home  |  |  | Montgomery County, Md.   | U.S.A.  |
| TOTTIES TOTTIES  | Table 19 19 19   |  |  |   |
|  | John E. Buck   |  | Isabella Rizer   |   |
| Was Deceased Ever in   | U. S. Armed Forces?  | ice) 1 6. SOCIAL<br>SECURITY NO.   | 17. INFORMANT  | ADDRESS   |
| No   | •  | 216-54-3182  |  | Lands Home<br>L Old Frederick RD.   |
| 18. 1/22 /   | 1  |  | OF DEATH   | INTERVAL BETWEEN  |
| 4 d d 1  | CONDITION DIRECTLY   | 07.001   | 7  | ONSET AND DEATH   |
|  | NG TO DEATH  | 0.7  | Tains B. Tic Cardin  | 1 un +  |
| (This does not mea   | n the mode of dying,   | e.g., DUE TO   | enoselhote Cardio -  |   |
|  | o, etc. It means the disc<br>n which coused death.)  | ose, V   | oscular absort   | ,   |
|  |  | (0)  |  |   |
|  | EDENT CAUSES   | DUE TO   |  |   |
|  | NDITIONS, if ony, gi   |  |  |   |
| UNDERLYING CON   | e couse (A) stoling DITION lost.   | ine (C)  |  |   |
|  | 0  |  |  |   |
| OTHER SIGNIFICANT  | CONDITIONS CONTRIBU  | JTING O  | tealitie   | 1 would   |
| OTHER SIGNIFICANT<br>TO THE DEATH<br>DISEASE OR CONDIT   | BUT NOT RELATED TO   | THE DECE   | remuce   | /-  |
|  | TION 198. CONDITION  | FOR WHICH OPERATION  | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER                                | E FINDINGS CONSIDERED   |
| 19A-DATE OF OPERAT   | WAS PERFORMED  |  | THE IN CERTIFYING O  | CAUSES OF DEATH?  |
|  | UNDERLYING   | 218. PLACE OF INJURY (e.g.,  | n or about 21 C. WHERE DID (II in Boltim                                   | nore City, give exact location)   |
| OR CONTRIBUTING  | CAUSE OF   | home, lorm, loctory, street, o   | Ifice bldg., INJURY OCCUR?   |   |
|  |  |  |  |   |
| 2  | ) (Doy) (Year) (Hour)  | 21E, INJURY OCCURRED   | 21F. HOW DID INJURY OCCUR?   |   |
| 21D. TIME (Month)  |  | While At Not While At Work   |  |   |
| 21D. TIME (Month)  |  | led the deceased from  | ang 12 1967 10 l   | est 2 1967  |
| 21D. TIME (Month) OF INJURY (APPROX.)  | ) (this bearital) attend   | The deceased from  | 11 15  |   |
| 21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (I)  | ) (th <del>is baspital</del> ) oftend  | Chara Z1   |  |   |
| 21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (I) (We) last so   | aw the deceased alive  | ()   | 19 and that in (my) (  | pinion death occurred on the  |
| 21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (I) (1) last so  | aw the deceased alive  | on Chig 3/   |  | pinion death occurred on the  |
| 21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (I) (We) last so   | aw the deceased alive  | ve. (I) (Ne) (did) (and not)   | view the body ofter deoth.   | 23B, DATE SIGNED  |
| 21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (I) (1) last so  | aw the deceased alive  | /e. (I) (Me) (did) (did noi)   | ending Med. Stoll  |   |
| 21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (I) that (I) (Wa) last so ond hour and from the control of the contr | aw the deceased alive  | ve. (I) (Ne) (did) (and not)   | ending Med. Stoll  | 23B. DATE SIGNED  |
| 21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (I) (1) last so  | aw the deceased alive  | (e. (I) (He) (did) (did not)   | ending Med. Stoll Phys.  | 23 B. DATE SIGNED   |
| 21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (I) that (I) (We) last so ond hour and from the control of the contr | the couses stoted obout  A hashit  HN A, N   | (e. (I) (He) (did) (did mi) (he) (he) (did) (did mi) (did) ( | ending Med. Stoll Phys. 23D. ADDRESS 1009 Frederical Add.                  | 23B. DATE SIGNED<br>9-3-67<br>Bellewie by                                 |
| 21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (I) that (I) (Wa) last so ond hour and from the control of the contr | the couses stoted obout  A hashit  HN A, N   | (e. (I) (He) (did) (did not)   | ending Med. Stoll Phys. 23D. ADDRESS 1009 Frederical Add.                  | 23B. DATE SIGNED<br>9-3-67<br>Bellewie by                                 |
| 21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (I) that (I) (We) last so ond hour and from the control of the contr | the couses stoted obover the Couses stoted obover the Couses stoted obover the Couse t | M.D. Att. Phy  ESB/TT M.D.  C. NAME of CEMETERY of CR  | ending Med. Stoll Phys. 22D. ADDRESS 1009 Freduck Med. Phys. 24D. LOCATION | 23B. DATE SIGNED 9-3-67  Ballewine hy 2128 (City, lown, or county) (State |
| 21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (I) that (I) (We) last so ond hour and from t  23A. SIGNATURE  23C. PHYSICIAN'S NEME (Type)  A. BURIAL CREMATION REMOVAL (Specily) Burial  | the couses stoted obover the couse stote | (e. (I) (He) (did) (did mi) (he) (he) (did) (did mi) (did) ( | ending Med. Stoll Phys. 22D. ADDRESS 1009 Freduck Med. Phys. 24D. LOCATION | 23B. DATE SIGNED<br>9-3-67<br>Bellewie by                                 |



| 2-220  | BALTIMORE CITY   | HEALTH DEPARTMENT  |                           | 67 8568   |  |
|--|--|--|---------------------------|---|--|
| BIRTH NO. 07 8   | 568 CERTIFICA  | TE OF DEATH  | Registered No.            | 07 0000   |  |
| M.E. CASE NO.  1, NAME OF DECEASED   |  |  | ND HOUR OF DEATH          | 1000  |  |
| (Type at Print)  | mrr  | 2, 5416  |                           | 1230  |  |
| JEAN M. SMI 3. PLACE OF DEATH IN BALTIMORE, MARYLAND   | .TH  | September 3.1967  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY |                           |   |  |
| FULL NAME OF (II not in haspital or instituti  | on, give street  | Maryland   |                           |   |  |
| HDSPITAL DR address or location) INSTITUTION   |  | C. CITY OR TOWN (IF a  | utside city timits, write | RURAL and give township)                                  |  |
|  |  | Baltimore  |                           | 12-01   |  |
| Long Green Nursing Home  |  |  | f rurol, give location)   |   |  |
| 5. SEX   6. RACE   7. MARR   | IED, NEVER MARRIED   | B. DATE OF BIRTH   | ersity Pkwy               |   |  |
| WIDO   | WED, DIVORCED (specify) Widowed  | March 14,1878  | last birthday)            | If Under 1 Yr. If Under 24 Hrs.<br>Manths Days Haurs Min. |  |
| 0A. USUAL OCCUPATION (Give kind of work 10B, KIND one during most of working life, even if retired)        |  | 11. BIRTHPLACE (State or fo  |                           | 12. CITIZEN OF WHAT COUNTRY?                              |  |
|  | ome  | Pennsylvani  | 2                         | U.S.A.  |  |
| 3. FATHER'S NAME   | OMO  | 14. MOTHER'S MAIDEN N.   | AME                       | U.D.A.  |  |
| B.P. Maguire   |  | Sarah Melli  | nger                      |   |  |
| 5. Was Deceased Ever in U. S. Armed Forces?<br>Yes,na ar unknown! (If yes, give war ar dates al servi      | 1 6. SOCIAL<br>SECURITY NO.  | 17. INFORMANT  |                           | ADDRESS   |  |
| No   | 220-44-1610  | William F. Win   | gard 413 Ray              | are Pd Towers Md  |  |
| 18. 44 4 0 ()  | CAUSE O  | DEATH  | gard 41) ital             | INTERVAL BETWEEN  |  |
| DISEASE OR CONDITION DIRECTLY  |  | 1-   | //                        | ONSET AND DEATH   |  |
| LEADING TO DEATH   | (A)  | Marcosi  | lerose                    |   |  |
| (This does not mean the mode of dying, heart lailure, asthenia, etc. It means the dise                     |  |  |                           |   |  |
| injury or camplication which caused death.)  |  |  |                           |   |  |
| ANTECEDENT CAUSES  | (B)  |  |                           | · · · · · · · · · · · · · · · · · · ·                     |  |
| DISEASES OR CONDITIONS, if any, give   | DUE TO   |  |                           |   |  |
| rise to the above couse (A) stating  | The second secon |  |                           |   |  |
| UNDERLYING CONDITION last.   |  |  |                           |   |  |
| Z CONTRIBUTE   | TINIC  |  |                           |   |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. |  |  |                           |   |  |
|  | OR WHICH OPERATION   | 20A. AUTOPSY? (Yes or I  | Noll 208 IE VES WEST      | EINDING! CONSIDERED                                       |  |
| 19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED  | OK WHICH OFFICION  | ZVO. AUTOPST: (Tes of I  |                           | FINDINGS CONSIDERED<br>AUSES OF DEATH?                    |  |
| U 21A. ACCIDENT WAS UNDERLYING   | 21B. PLACE OF INJURY (e.g., in   | or obout 21 C. WHERE DID   | (If in Boltimo            | ore City, give exact location)                            |  |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)   | hame, form, factory, street, af<br>etc.)   | fice bldg., INJURY OCCUR?  |                           |   |  |
| 2) D. TIME (Month) (Doy) (Year) (Hour)   | 21 E. INJURY OCCURRED  | 21F. HOW DID IN  | IJURY OCCUR?              |   |  |
| (APPRDX)   | While At Nat While At Work   | ط ا  | />                        | n A /2  |  |
| 22. I certify that (I) (this hospital) attended  | ed the deceased from   | Jug /36  | 1960/10                   | sec/ 1961   |  |
| that (I) (we) lost sow the deceased alive  | 1 / /200   | 27 16 6 and  | that in (my) (our) on     | pinion death occurred on the date                         |  |
| and hour and from the couses story obovy   |  |  |                           |   |  |
| 23A LIGNATURE  | e. (1) (me) (did) valua not) v   | lew the body offer deoth   | •                         | 23B DATE SIGNED   |  |
| 11/10/10 1/18  | M.D. Atte  | endin Med.   | Stoff                     | 0001146   |  |
| Comman JIII  | Phy  | s. Director  | Phy s.                    | Sept of   |  |
| 23C. PHYSICIAN'S<br>.NAME (Type)   | //   | 23D. ADDRESS   |                           |   |  |
| William G. Helfrie   | M.D.   | 5006 Roland  | Ave. Baltim               | ore. Md. 21210  |  |
|  | C. NAME of CEMETERY of CRE   | 4  |                           | City, town, or county) (State)                            |  |
| Entombment 9-5-67  | Green Mount M  | ausoleum   | Baltimore, M              | laryland  |  |
| 25A. DATE RECO BY HEALTH DEPT 255 PNAM   | VIE OF REGISTRAR   | Mitchell-Wie   | O R                       | ADDRESS   |  |
| O 1001 G 000   | 6760   | PEOU APPRES  | Baltimore.                | Md. 21212   |  |
| VS 150-REV 1/1/65  |  |  |                           |   |  |



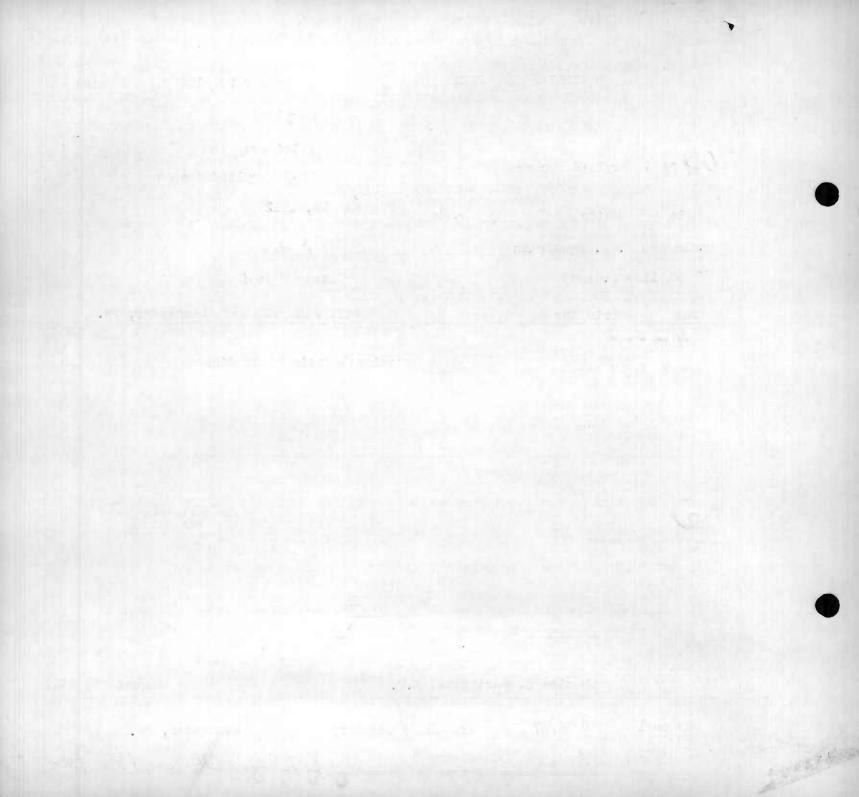
Greenwood Cemetery

248, NAME OF REGISTRAR

REMOVAL (Specify)

VS 151-REV, 1/1/65

Removal 8/3



VS 151-REV. 1/1/65

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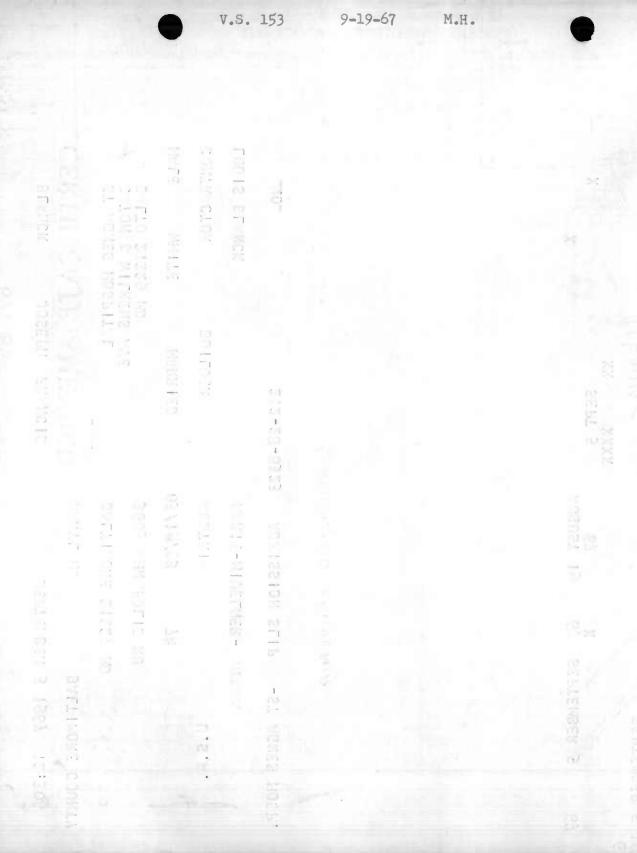
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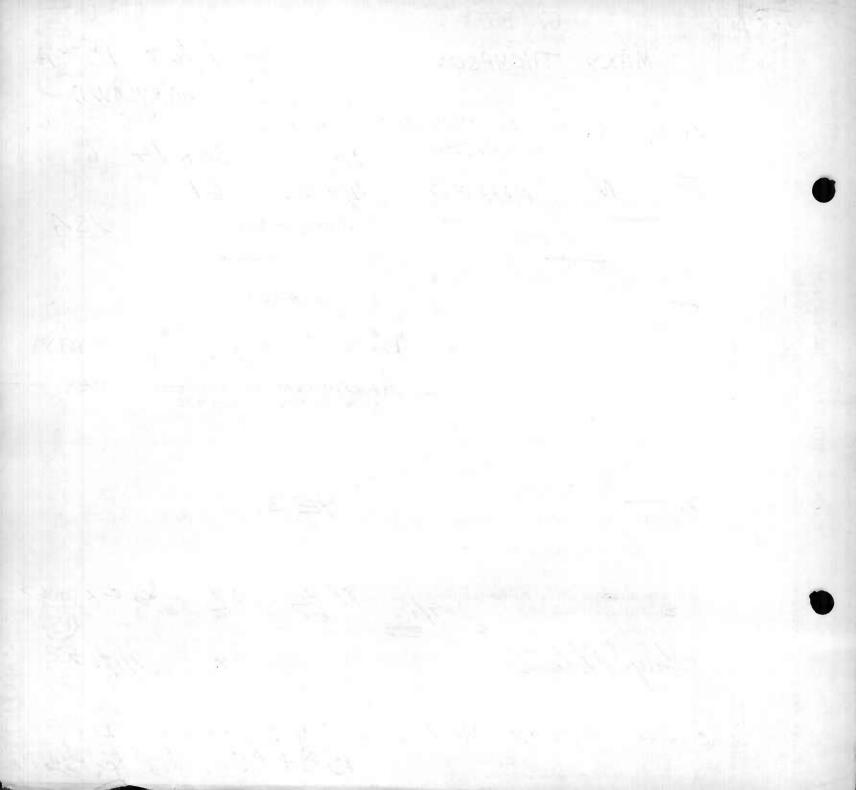
VS 150-REV. 1/1/65

Strain, Stante Vaion Tumerial Hosp. Baltimero 409 East Learning 3/19/95 72 Collect Hate Collehan 70505 8672 THE UNITED MENOSIVE

|            |  |   |                             | BALTIMORE CITY                                     | HEALTH DEPARTM                                | MENT                                   | ON OFFICE   |
|------------|--|---|-----------------------------|--|---|--|---|
|            | H NO.  | 67 8  | 3572                        | CERTIFICA  | TE OF DEA                                     | TH Registered No                       | . 07 8348   |
| 1. N       | AME OF DECEASED  |   |                             |  | 2. [  | DATE AND HOUR OF DEAT                  | тн  |
|            | BLANCK   | JOSE  | PH F                        | RANCIS   |   | SEPTEMBER                              | 5 1967 12:30A M   |
|            | CERTIFI  | CATE not in hospital or institu                                       | AMF                         | NDED   |   | B. COUNTY                              | BALTIMORE COUNTY  |
|            | OSPITAL OR OC  | ddress or location)   |                             | 9-19-67  | C. CITY OR TOWN                               | (Il outside city limits, writ          | e RURAL and give township)                                |
| 1          |  | ES HOSPITAL<br>WILKENS  |                             |  | D. STREET ADDRESS                             |  | 33-00   |
|            |  | 21229 MD  |                             |  | 3605 AI                                       | NNAPOLIS RD                            |   |
|            | MALE W   | HITE  | MARR                        |  | 03/19/9                                       | 9. AGE (In years lost birthday) 74     | II Under 1 Yr. II Under 24 Hrs.<br>Months Days Hours Min. |
| done       | during most of working lile CONTRACTOR                     |   | UILDE                       |  | AUSTRIA                                       |  | 12. CITIZEN OF WHAT COUNTRY?                              |
|            | OUIS BLANG   | CK  |                             |  | MARIE -                                       |  | lner  |
| Yes<br>Yes | NIO  | U. S. Armed Forces? give wor or dotes of set W 1 1918                 |                             | SOCIAL<br>SECURITY NO.<br>212-28-83                | 17. INFORMANT                                 | SSION SLIP                             | -ST AGNES HOSP.   |
|            | LEADIN   | ONDITION DIRECTLY G TO DEATH  |                             | CAUSE O  |   | 2 LEUKEMI                              | INTERVAL BETWEEN ONSET AND DEATH                          |
|            | heart loilure, asthenio                                    | the mode of dying,<br>, etc. It means the dis<br>which coused death.) | seose,                      | DUE TO   | ,   |  |   |
|            | DISEASES OR CON  |   | giving                      | DUE TO   | ~~~~~~  | 86.000000                              |   |
|            | UNDERLYING COND  | couse (A) stoling   | The                         | (C)  |   |  |   |
| TION       | TO THE DEATH I   | 11 CONDITIONS CONTRIBUT NOT RELATED T                                 | BUTING<br>O THE             |  |   |  |   |
| ERTIFICA   | 19A. DATE OF OPERATI                                       |   |                             | CH OPERATION                                       | 20 A. AUTOPSY? (Y                             | es or No. 20B. IF YES, WER             | RE FINDINGS CONSIDERED CAUSES OF DEATH?                   |
| O          | 21A. ACCIDENT WAS<br>OR CONTRIBUTING DEATH (notify medical | CAUSE OF  | 218. PLA<br>home, lo        | CE OF INJURY (e.g., in<br>orm, foctory, street, of | or obout 21 C. WHERI<br>fice bldg., INJURY OC | E DID (II in Boltim                    | nore City, give exact location)                           |
|            | 21 D. TIME (Month) OF INJURY (APPROX.)                     | (Doy) (Yeor) (Hour  | 21E, INJ<br>While A<br>Wark | URY OCCURRED  Not While All Work                   | • 🗆   | DID INJURY OCCUR?                      |   |
|            | 22. I certify that (*)                                     | (this hospital) atten   | ded the d                   | eceased fram                                       | AUGUST  | 19 19 67 to SE                         | PTEMBER 5 19 67   |
|            | that 💢 (we) lost so  | w the deceased alive  | e on                        | SEPT 5   | 1967  | and that in $(n_{\mathbf{Y}})$ (aur) a | pinion death accurred on the dot                          |
|            | and hour and fram th                                       | ne causes stated abo  | ve.XIX(W                    | e) (did) (XXXX) v                                  | iew the bady after                            | death.                                 |   |
|            | 23A. SIGNATURE   | (01/  | 1. 6.11                     | 1  |   |  | 23B. DATE SIGNED  |
|            |  |   | Meur                        | M.D. Atte  | nding Med.<br>Direct                          | or Stoff Phys.                         | SEPTEMBER 5   |
|            | 23C. PHYSICIAN'S<br>NAME (Type)                            | G. Braun  |                             | M.D.   | St. Agnes                                     | Hospital                               |   |
| 24A        | BURIAL CREMATION,<br>REMOVAL (Spacify)<br>BURIAL           | 9/9/67  |                             | on Park Cem  |   | Baltimore                              | (City, town, or county) (State) Md.                       |
| 25A        | SEP 7 19   |   | AME OF RE                   |  | 25C. FUNERAL D                                | RECTOR . Hybbard, 410                  | ADDRESS<br>7 Wilkens Ave. 2122                            |
| Vs .       | 50-REV 1/1/65  | APOCHITY!   | A MOD                       | ACCOUNT OF   | 6 5   | 1.1                                    |   |

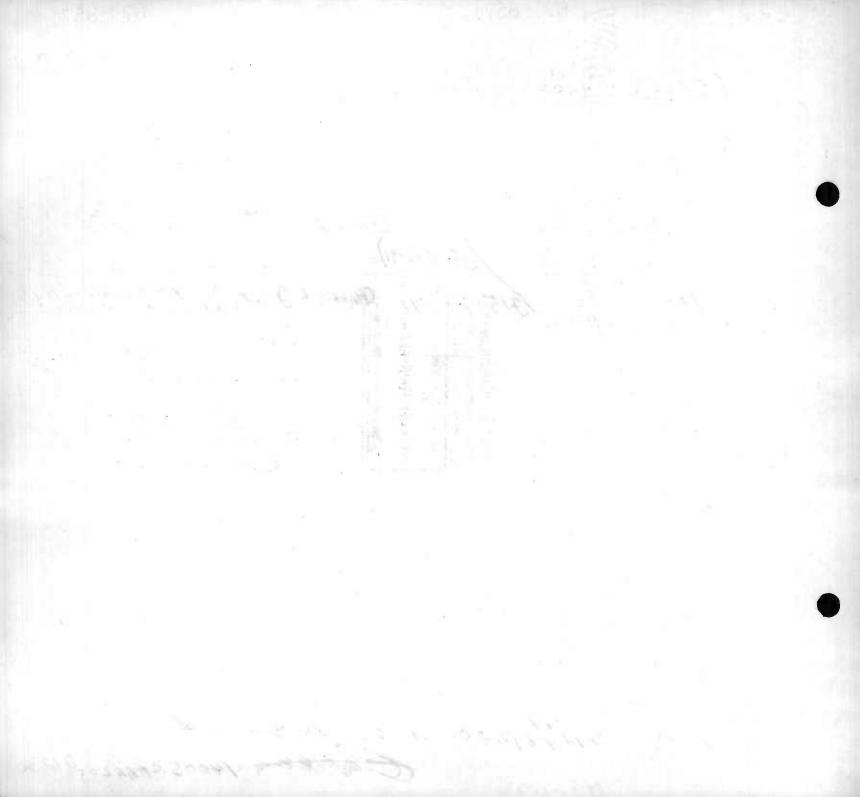


VS 150-REV. 1/1/65



IMPORTAN

FUNERAL DIRECTOR:



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Maria Services

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| ,                   |                             | 67  | 7 850                  | BALTIMORE CIT                         | Y HEALTH DEPARTMENT                 | Registered No                      | 67 8576  |
|---------------------|-----------------------------|---|------------------------|---------------------------------------|-------------------------------------|------------------------------------|--|
| M.E. CA             |                             | 0.  | 001                    | CERTIFICA                             | ATE OF DEATH                        | Registered No                      |  |
| 1. NAME             | OF DECEASE                  | D   |                        |                                       | 2. DATE                             | AND HOUR OF DEAT                   | H / 20 /   |
| (Type or            |                             | Aino Joh                                    |                        |                                       |                                     | t. 6, 1967                         | 1630 A.  |
| B. PLACE            | E OF DEATH                  | IN BALTIMORE, MA                            | RYLAND                 |                                       | 4. USUAL RESIDENCE (VA. STATE B. CO | Vhere deceased lived. If           | institution: residence before admissio                 |
| FULL                | NAME OF                     | (If not in hospital                         | or institution, a      | iive street                           | Maryland                            | Baltimore                          | Ca   |
| HOSPI               | TAL OR                      | oddress or locotio                          |                        | 176 311661                            |                                     |                                    | e RURAL ond give township)                             |
|                     |                             | TT #  | mi - ma                |                                       | White Marsh                         |                                    | 5.3 - 60   |
| 40                  |                             | re House I                                  | n The Pi               | nes                                   |                                     | (If rural, give location)          |  |
| 10                  | 5037 E                      | Belair Rd.                                  |                        |                                       | 596 Larch R                         | oad                                |  |
| SEX                 |                             | ACE   |                        | NEVER MARRIED<br>, DIVORCED (specify) | B. DATE OF BIRTH                    | 9. AGE (In years<br>lost birthdoy) | If Under 1 Yr. If Under 24 H<br>Months Doys Hours Min. |
| Fema                | ale W                       | Mite  | Divor                  |                                       | 11/22/95                            | 71                                 | 30,5   |
|                     |                             |   | 10B. KIND OF           | BUSINESS OR INDUST                    | TY 11. BIRTHPLA CE (Stote of        | foreign country)                   | 12. CITIZEN OF WHAT COUNTRY?                           |
|                     | ng most of worki<br>NYWOMAN | ng lite, even if retired)                   | Pemco                  | Corro                                 | Finland                             |                                    | U. S. A.   |
|                     | ERS NAME                    |   | 1 Cinco                | 001 p •                               | 14. MOTHER'S MAIDEN                 | NAME                               | 0. D. A.   |
|                     |                             | ohlstrand                                   |                        |                                       | Mathilda Sa                         |                                    |  |
|                     |                             |   |                        |                                       |                                     |                                    |  |
| 5. Was<br>les, no o | Deceased Every unknown) (If | r in U. S. Armed Fo<br>yes, give wor or dot | ces?<br>es of service) | 1 6. SOCIAL<br>SECURITY NO.           | 17. INFORMANT (Daug                 |                                    | Md. ADDRESS 21162                                      |
| No                  |                             |   |                        | 092-10-4754                           | Mrs. Helen Da                       | meron, 596 L                       | arch Rd. White Mar:                                    |
| 1B.                 | 497                         | / /1  |                        | CAUSE                                 | OF DEATH                            |                                    | INTERVAL BETWEEN                                       |
|                     | DISEASE C                   | R CONDITION DI                              | RECTLY                 |                                       | 2-1 n                               |                                    | ONSET AND DEATH  |
| 12                  |                             | DING TO DEATH                               |                        | (A)                                   | telectatie Pu                       | · ·                                | 3 days.  |
|                     |                             | meon the made of                            |                        | DUE TO                                |                                     |                                    |  |
|                     |                             | ienia, etc. II means<br>alian which caused  |                        |                                       | e n c                               |                                    | >1   |
|                     | ANT                         | ECEDENT CAUSES                              |                        | (B) C                                 | nome Draw                           | Tyndrow                            | / year   |
| DISE                | EASES OR                    | CONDITIONS, if                              | ony giving             | DUE 10                                | /                                   | . 1                                |  |
| rise                | to the o                    | bave cause (A)                              |                        | (C) (let                              | einschutig ere                      | browsender L                       | his,   |
| UNI                 | DERLYING C                  | ONDITION last.                              |                        |                                       |                                     |                                    |  |
| 7                   |                             | 11  |                        |                                       |                                     |                                    |  |
| E TO                | THE DEAT                    | H BUT NOT REL                               | ATED TO THE            |                                       | Ger W                               | lan                                |  |
|                     |                             | ERATION THE CON                             |                        | WHICH OREBATION                       | 20A. AUTOPSY? (Yes or               |                                    | RE FINDINGS CONSIDERED                                 |
| E ITA.              | DATE OF OF                  | WAS PER                                     |                        | VAICH OFEKATION                       | No                                  | IN CERTIFYING                      | CAUSES OF DEATH?                                       |
| ex O                | ACCIDENT V                  | WAS UNDERLYING                              | 218                    | PLACE OF INITION IS O                 | , in or obout 21 C. WHERE DIE       | O (If in Boltim                    | nore City, give exact location)                        |
| OR                  | CONTRIBUTIN                 | G CAUSE OF                                  | hom                    | e, lorm, foctory, street,             | office bldg., INJURY OCCUR          | ?                                  | ore only, give exect toconon                           |
| 2                   |                             | dicol exominer)                             | etc,)                  |                                       |                                     | 100                                |  |
| 0 21 D.             | TIME (M                     | onth) (Doy) (Year)                          | (Hour) 21 E.           | INJURY OCCURRED                       |                                     | INJURY OCCUR?                      |  |
|                     | PROX.)                      |   | Whi                    | le At Wo                              |                                     | ,                                  | , ,  |
| 22                  | 1                           | (I) ( <del>( </del>                         |                        | na deceasad fram                      |                                     | 10 / 1 4-                          | 9/1/1069   |
|                     |                             |   |                        |                                       |                                     | 17 <b>15</b> 510                   | 17.3   |
|                     |                             | t saw the dacaas                            |                        |                                       |                                     |                                    | pinian death accurred an the c                         |
| and                 | haur and fro                | om the causes sta                           | tad abava. (1          | ) ( <del>Wa) (did</del> ) (did nat)   | viaw the bady after dea             | th.                                |  |
| 23A.                | SIGNATURE                   | 2 40  |                        |                                       |                                     |                                    | 23 B. DATE SIGNED                                      |
| /                   | Ullen                       | 1 B 1                                       | melle                  | M.D. A                                | hys. Med. Director                  | Stoff Phys.                        | 9/6/67   |
| 23C.                | PHYSICIAN'S                 |   |                        |                                       | 23D. ADDRESS                        |                                    |  |
|                     | NAME (Type)                 | bert B. Br                                  | adlev                  | M.1                                   | 4900 Belair R                       | d. Balto. M                        | d. 21206   |
| 4A. BUI             |                             | NON, 248. DATE                              |                        | AME of CEMETERY OF C                  | 1                                   |                                    | (City, town, or county) (State                         |
| REA                 | MOVAL (Spec                 | ily)  |                        |                                       |                                     |                                    |  |
|                     | rial                        | 9/8/67                                      |                        | ly Hill Memor                         |                                     |                                    | timore, Maryland                                       |
| 25A, DA             | TE REC'D BY                 | HEALTH DEPT.                                | 25B. NAME C            | - 7 1                                 | 25C, FUNERAL DIREC                  |                                    | ADDRESS  |
|                     | 2                           | EP 8 1967                                   | Volal                  | 5 E. Janbert                          | a John A. Dag                       | a, 1922 Wise                       | Ave. Dundalk, Md.                                      |
| /S 150 B            | REV. 1/1/65                 |   |                        |                                       | U U                                 |                                    |  |

Williate Remain 3 days Chair brief System 71 alimeted bulmouse Die. Conta When Peter B Bushing

| BI RT        | H NO.  | б   | 7. 85   |  | TE OF DE                                    |                   | Registered Na.                        | 67                      | 8577                |
|--------------|--|---|---|--|---|-------------------|---------------------------------------|-------------------------|---------------------|
| 1. N         | CASE NO.<br>AME OF DEC   | EASED   |   |  | 1   | 2, DATE AND       | HOUR OF DEATH                         |                         | 1112                |
|              |  | John Joseph   | Dudley  |  | TA LISUAL RESIDI                            | 9/ Junto          | deceosed lived. If i                  | n atitutions conic      | 4.50 F              |
| 3. F         | LACE OF DE   | TH IN BALLIMORE, MA   | KILAND  |  | A. STATE                                    | B. COUNT          | Y                                     | nsiliuilon: resid       | dence before damis: |
| Н            | ULL NAME OF  | F (If not in hospital oddress or location   | or institution,<br>n)   | give street  | Maryland<br>c. City or tow                  | 'N (If outs       | ide city limits, write                | RURAL ond g             | ive township)       |
|              | 1 - 0  | South Baltimo   | ra Gana   | rel Homitel  | Baltimo                                     |                   |                                       | 1                       | 3-09                |
| 1            | +3   | OU GIT DEL GLING  | te dene.  | ar nosproar  | D. STREET ADDR                              |                   | urol, give location)                  |                         | /                   |
| 5. \$1       | EX   | 6. RACE   |   | , NEVER MARRIED  | B. DATE OF BIRTH                            | mbria S           | . AGE (In years                       | If Under 1<br>Months: D | Yr., If Under 24    |
|              | (-7 -  | Como  |   | D, DIVORCED (specify)                                  | Feb 18.18                                   |                   | ost birthdoy)                         | Months D                | oys Hours Mi        |
|              | USUAL OCCI   | Cauc.  JPATION (Give kind of wor  |   | rried<br>F Business or Industr                         |   |                   | ~ ~                                   | 12. CITIZEN             |                     |
|              | _  | working life, even if retired)  | D 11.7  | 017  | 7-2-14                                      |                   |                                       |                         | COUNTRY?            |
| _            | ATHER'S NAM  | al Worker   | Bethle  | hem Steel Co.  | Baltin                                      |                   | aryland                               | U.S.                    | A.                  |
|              |  |   |   |  |   |                   |                                       |                         |                     |
|              |  | do Dudley   |   |  |   | rine Bi           | ssert                                 |                         |                     |
| 5. V<br>Yes, | no or unknown  | Ever in U. S. Armed Fo<br>(If yes, give wor or dot  | rces?<br>es of service)   | 16. SOCIAL<br>SECURITY NO.<br>217-05-2872              | Mrs Irei                                    | ne Dudl           | ATT                                   | ambria                  |                     |
|              | 18. 1 4  | A 41.   | _   |  | OF DEATH                                    | ie Duar           | Baltim                                | ore, Md                 | 21225               |
|              | heart failure,<br>injury or con<br>DISEASES (<br>rise fo the<br>UNDERLYING | not mean the made of or osthenio, etc. It means optication which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) CONDITION last. | the discovered the decoration of the discovered the decoration of the discovered the decoration of | (B)  | Permian                                     | leron<br>is A     | uc tale                               |                         |                     |
| ATION        | TO THE D   | EATH BUT NOT REL  | ATED TO TH  | 1E   | 124   | - W KI M          |                                       |                         |                     |
| ERTIFIC      | 19A. DATE OF   | WAS PER   |   | WHICH OPERATION  | 20A. AUTOPSY                                | ? (Yes ar No)     | 20B. IF YES, WERE<br>IN CERTIFYING CA | AUSES OF DE             | ATH?                |
| 0            | OR CONTRIBL  | NT WAS UNDERLYING [<br>JTING [] CAUSE OF<br>medicol; exominer)  | 211<br>hor<br>etc   | B. PLACE OF INJURY (e.g., ne, form, foctory, street, ( | in or obout 21C. WH<br>office bldg., INJURY | ERE DID<br>OCCUR? | (If in Baltimo                        | re City, give e         | exact location)     |
| MEDI         | 21 D. TIME<br>OF INJURY  | (Month) (Doy) (Year)  |   | INJURY OCCURRED  |   | M DID INTO        | RY OCCUR?                             |                         | 7 - 1 - 2           |
|              | (APPROX)   |   | W   |  |   |                   | -                                     |                         |                     |
|              | 22. I certify  | that (1) (this haspita  | l) attended   | he deceased from                                       | Jun 21                                      | 19                | 10 1                                  | open 1                  | 1 196               |
|              | that (I) (we)  | last saw the deceas   | ed alive an.  | Dept 1   | V 1967                                      | and tha           | t in (my) (aur) ap                    | inion death             | accurred on the     |
|              | and haur an  | from the causes sta   | ted abave. (  | I) (We) (did nat)                                      |   |                   |                                       |                         |                     |
| L.           | 3A. SIGNATU  |   |   | PO . A A   | /   |                   |                                       | 238, DATE               | SIGNED              |
|              |  | Ligne   | 12 9  | The Ph   | ending Me                                   | ed.               | Stoff<br>Phys.                        | 9                       | 12/67               |
|              | 23C. PHYSICIA<br>NAME (1   |   | J.G   | LASS M.O   | 23D. ADDRESS 3 208                          | Fator             | sco ave                               | Bal                     | 240 25, m           |
| 24A          | BURIAL CRE   | MATION, 248. DATE   | 24C, N  | AME of CEMETERY of CI                                  | REMATORY                                    | 24D. LO           | CATION (C                             | City, town, or o        | county) (Sto        |
|              | Buria  | 1 Sept 5,   |   | eadowridge Men   |   |                   | te #1 Howa                            | rd Co,                  | Maryland            |
| 2SA          | DATE REC'D   | SEP 8 1967  | OR Day  | of REGISTRAR   | 2SC. FUNERAL                                |                   | ce 4001 Ri                            | tchie H                 | ADDRESS             |
|              |  | WHICE U IUU!  | IN LONGINU  |  | de or Re                                    | a-e amu           | Ce HOOT ILT                           | CONTE II                | PAN DOTT OF         |

A District of the second of th Chresolavian Cremon THE PARTY OF THE P HIS THE RESERVE OF THE PARTY OF

| BIRTH NO. 67. 85   | /8                             | HEALTH DEPARTMENT                      | Registered Na                  | 67 8578   |
|--|--------------------------------|--|--------------------------------|---|
| M.E. CASE NO.<br>1. NAME OF DECEASED   | CLKTIFICA                      |  | AND HOUR OF DEATH              |   |
| (Type or Print) FUTTY CHARL  | ELWOOD                         |  | PT. 5, 1969                    | 11:50 0   |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND   |                                | 4. USUAL RESIDENCE (W. A. STATE B. CO. | here deceased lived. If instit | tution: residence before admission                      |
| FULL NAME OF (If not in hospital or institution,   | ave steet                      |  | ORYLAND                        | Harle DR.   |
| HOSPITAL OR oddress or location) INSTITUTION   | give sheet                     |  | outside city limits, write RUI | RAL ond give township)                                  |
|  | HOSPITA                        | VOPI                                   | PA                             | 62-00   |
| FRANKLIN SQUARES   | 7.                             | D. STREET ADDRESS                      | (If turol, give location)      | i POLO  |
| BACTIMORE, M   | BRYCKE                         | /                                      | MAGNOLO                        |   |
| M WIDOWE   | D. DIVORCED (specify)          | 1-16-12                                | lost birthdoyl                 | If Under 1 Yr. If Under 24 Hr<br>Aonths Doys Hours Min. |
| 6A. USUAL OCCUPATION (Give kind of work 108, KIND Olone during most of working life, even if retired)          | F BUSINESS OR INDUSTRY         |  |                                | 12. CITIZEN OF WHAT COUNTRY?                            |
|  | king company                   | MARYLA                                 | IND                            | USA.  |
| 3. FATHER'S NAME   |                                | 14. MOTHER'S MAIDEN N                  | IAME                           |   |
| WINFIELD 74  | 1777                           | BERTHA                                 | 1 PRYON                        | 1   |
| 5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of service)         | 1 6. SOCIAL<br>SECURITY NO.    | 17. INFORMANT                          | in SQUARE                      | ADDRESS   |
| No l   | 198-03-8988                    | FRANKE.                                | in SQUARE                      | X SP178   |
| 18. // = V   | CAUSE OF                       |  |                                | INTERVAL BETWEEN  |
| DISEASE OR CONDITION DIRECTLY  |                                | c. R. Al                               | ' 101                          | ONSET AND DEATH   |
| LEADING TO DEATH   | (A)                            | Defraces                               | me short                       | 21:1-24 MO  |
| (This does not meon the mode of dying, e.g., heort foilure, asthenia, etc. It meons the diseose,               | DUE TO                         | 1                                      | 4                              |   |
| injury or complication which coused death.)  |                                | Dreumon                                | (3)                            |   |
| ANTECEDENT CAUSES  | (8)                            | 10001171                               | ٠, )                           | ······································                  |
| DISEASES OR CONDITIONS, if ony, giving   |                                | 2 PA                                   | (7)                            | 21 da   |
| rise to the obove couse (A) sloting the UNDERLYING CONDITION lost.   | (C) Y                          | ung, ca                                | <u> </u>                       | -diam   |
|  |                                | -1                                     |                                | /   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                                |  |                                |   |
| 19A. DATE OF OPERATION 198. CONDITION FOR  | WHICH OPERATION                | 20A. AUTOPAY2 (Yes or                  |                                | DINGS CONSIDERED  |
| 9-1-67 WAS PERFORMED   |                                | No                                     | IN CERTIFYING CAUSI            | ES OF DEATH?  |
| 21A. ACCIDENT WAS UNDERLYING   21E   | B. PLACE OF INJURY (e.g., in   | or about 21 C. WHERE DID               | (If in Boltimore C             | ity, give exact location)                               |
| DEATH (notify medical examiner)  |                                | ice olagi, 11430ki Occok:              |                                |   |
|  | . INJURY OCCURRED              | 21 F. HOW DID I                        | NJURY OCCUR?                   |   |
| E (V BBBOA)  | nile At Not While              |  |                                |   |
| Wo   |                                | The fire                               | 67 600                         | K J K   |
| 22. I certify that (I) (this haspital) attended t  | Cark.                          | 8.62                                   | 19 6 7 to Jeft                 | 19 6  |
| that (1) (we) last saw the deceased alive an   | /                              |  |                                | in death accurred an the de                             |
| ond hour and fram the causes stoted obave. (   | I) (We) (did) (did not) vi     | ew the body ofter deat                 |                                |   |
| 23A. SIGNATURE   | 0                              |  |                                | B. DATE SIGNED  |
| Txiller U- 75  | M.D. Atter                     | Med. Director                          | Stoff<br>Phy s.                | 8-5-67  |
| 23C. PHYSICIAN'S<br>NAME (Type)  | 2                              | 3D. ADDRESS 100                        | N. CAI HO                      | 11N ST.   |
| RUBEN V.L.   | UND M.D.                       | BA                                     | MINORO                         | MA  |
| 4A. BURIAL CREMATION, 24B. DATE 24C.N  | AME of CEMETERY or CRE         | MATORY 24D.                            | LOCATION (City,                | town, or county) (Stote)                                |
|  | Harts<br>U <b>nco</b> n Method | ist Cometer                            | v. Elk Neck                    | Cecil M   |
|  | OF REGISTRAR                   | 25C. FUNERAL DIRECT                    |                                | ADDRESS   |
| SEP 8 1967 R. C.   | 6. E. starbeum                 | Howard K. M                            | cGomas & Son                   | , Abingdon, Md  |
| \$ 150-REV. 1/1/65   | 0 / 13                         | 8 5                                    |                                |   |
|  |                                |  |                                |   |

VS 150-REV. 1/1/65

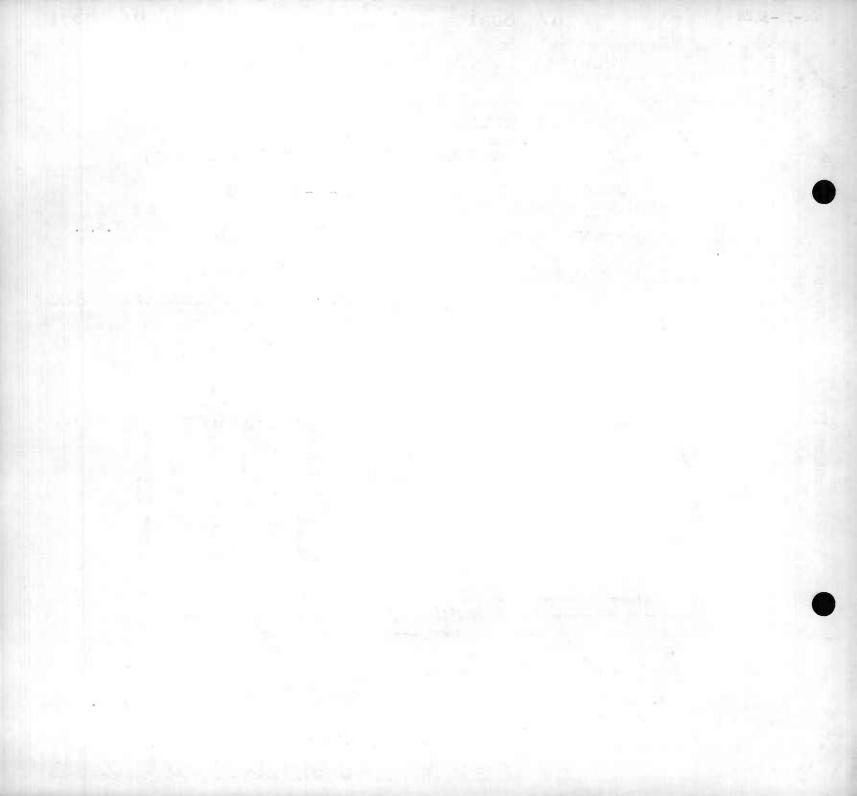
and the latest the said of the 

C. CITY OR TOWN (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? 4.5.A THEKER INTERVAL BETWEEN ONSET AND DEATH 208. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimara City, give exact lacation) 238, DATE SIGNED deceased prior to written approval THE UNION MEMORIAL 258. NAME OF REGISTRAR Was SEP 8 196 VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Jungal South St. Tet 71 1.00 PA - 100 PA JERNA TERRER SHEET SHEET SHEET 21318391 HESP. MET. 2/4 Sticenta dde 1900

VS 150-REV. 1/1/65

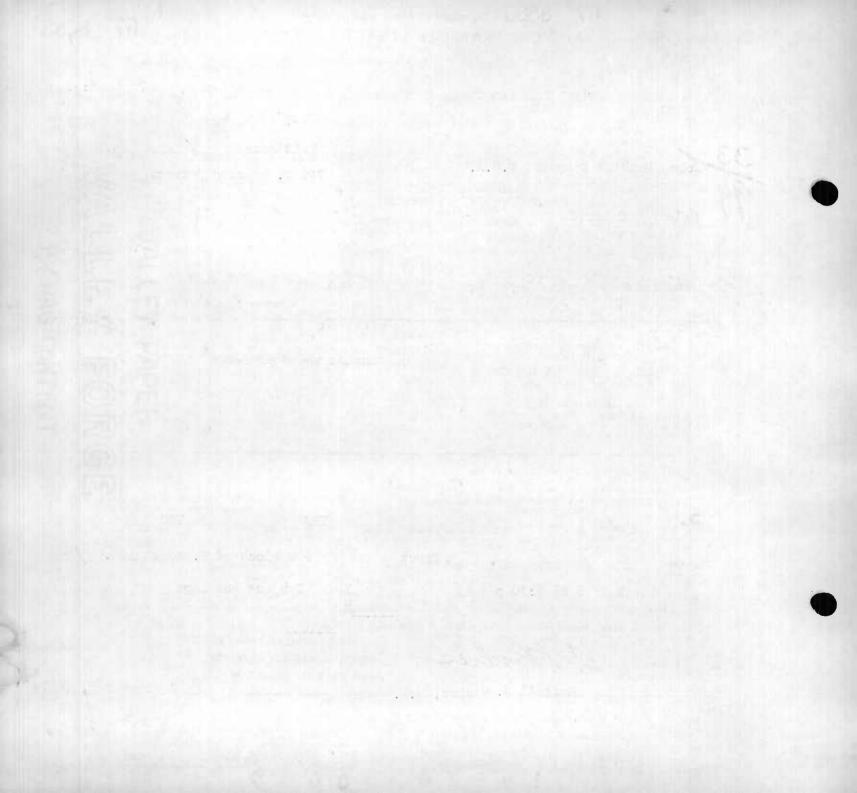


| G         | 2005<br>- (2)  |             | TH NO. DI BOOK CEPTIFICA  | TE OF DEATH Registers                            | ed No. 67 8582   |
|-----------|--|-------------|---|--|--|
|           | and<br>eath<br>ase<br>ase<br>th  | 417         | E. CASE NO. NAME OF DECEASED  | 2. DATE AND HOUR OF                              | DEATH  |
| 0.        | - 6 -  | <b>G</b> BA | pe or Print)  |  | 1 to be and  |
| 10        | of of Dece   | 3 12        | PLACE OF DEATH IN BALTIMORE, MARYLAND   | 4. USUAL RESIDENCE I Where decensed liv          | ed. If institution; residence before admission)  |
| AA        | 2 0000   | 3           |   | A. STATE B. COUNTY                               |  |
| 18        | dan dan  | ZI          | FULL NAME OF (If not in hospital or institution, give street hospital or oddress or location)   | MARYLAND C. CITY OR TOWN (If outside city limits | , write RURAL and give township)   |
| 0         | Se de  | と記          | INSTITUTION   |  | Carolina Car |
| 4         | E 5 5 50   | N₹          | THE JOHNS HOPKINS HOSPITAL  | D. STREET ADDRESS Ill rurol, give loco           | tion   |
| 10        | Pri d Tine   | 生           | 33  | 1805 NORTH CAROLI                                | NE STREET  |
|           | ribut<br>ninec<br>jular<br>ed p  | 19          | SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)   | B. DATE OF BIRTH 9. AGE (In year lost birthdoy)  | ors If Under 1 Yr. If Under 24 Hrs.<br>Months Doys Hours Min.  |
|           | O TE O'S   | 4           | F NEGRO MARPLED   | 7-6-21 46  |  |
| de        | 00 - 0 -   | 30/         | A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working lile, even if retired)   | 11. BIRTHPLACE (State or foreign country)        | 12. CITIZEN OF<br>WHAT COUNTRY?  |
| 10        | in det   | Б           | Donewill  | Val  | 1111   |
| 6         | d C C  | -           | FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME                         | CO O A   |
| 1         | = 9 € > = 8  |             | DEVION CALLAMAN   | W1001011   |  |
| Z         | di di  |             |   | VIRGINIA FERGUSON                                | / ADDRESS  |
| T         | istar<br>he d<br>kind<br>deat<br>ce o  | 44.         | s, no or unknown) III yes, give wor or dojes of service)  SECURITY NO.  | Kut Osses  | 1  |
| S         | f t t d d d d d d d d d  |             |   | DEATH GREET                                      | INTERVAL BETWEEN   |
| IMPORTANT | his a<br>so, if<br>any<br>fany<br>ende   | (1)         | DISEASE OR CONDITION DIRECTLY   | 0 00   | ONSET AND DEATH  |
| Z         | - vi 0 > + 0   | I           | LEADING TO DEATH  | RIGHT HEART FAILURE                              |  |
|           |  | KORMB       | (This does not meon the made of dying, e.g.)  Heart failure, asthenia, etc. It means the disease  | 74 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0         |  |
| S.        | actu<br>pro<br>ular<br>mba   | 8           | injury at camplication which caused death.)   | 6 GDD#TG /6 0 15                                 |  |
| 7         | fr.<br>fr.<br>fr.<br>fr.<br>fr.<br>fr.<br>fr.<br>fr.<br>fr.<br>fr.   | X           | ANTECEDENT CAUSES   | f SEPSIS /?of MULTIPLE                           |  |
| ECTOR     | XDAY   | 0.7         | DISEASES OR CONDITIONS, if any, giving itse to the obave cause (A) stoting the  | ALL PULMONARY EMBOLI                             |  |
| DIR       | (3)  | Ф           | UNDERLYING CONDITION Iosi.  |  |  |
| 0         | lice<br>cal<br>ns;<br>ici  |             | 11 = 218  |  |  |
| A         | ber<br>bur<br>bur<br>hys   | ON          | OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE  |  |  |
| ERA       | TE Y TE S  | ₹ S         |   | 20A. AUTOPSY? (Yes or No) 20B. 1F YES,           | WERE EINDINGS CONSIDERED   |
| Z         | hie bod sick   | PRO         | WAS PERFORMED   | IN CERTIFYI                                      | NG CAUSES OF DEATH?  |
| 2         | he cl<br>by<br>(2) B<br>re tl<br>phy   | व्यक्त      | 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY e.g., in local contributions   CAUSE OF   CAUSE OF | or obout 21 C. WHERE DID (If in                  | Boltimore City, give exact tocation)   |
|           | + 0 . 0 0  | THE A       | DEATH (notify medical examiner)   etc.)   | ice bldg., INJURY OCCUR?                         |  |
|           | - C - > - T  |             | 21D. TIME   Month)   Doy)   Yeor)   Hour)   21E, INJURY OCCURRED  | 21 F. HOW DID INJURY OCCUR?                      |  |
|           | atu<br>atu<br>(6)  | 2           | OF INJURY (APPROX.) While AI Not While At Work At Work  |  |  |
|           | he he hay ny   | S           |   | 6-67   | 0-6-67   |
|           | d = 0  | <b>V</b>    | 22. I certify that (I) (this hospital) attended the deceased from 9-that (I) (we) lost saw the deceased drive on EEB BEFORE ARE   | RIVAL (DO.A.)                                    |  |
|           | 0 to 10 to 1 |             |   |  | ur, apinian death accurred an the date   |
|           | st be a<br>used to<br>ent of<br>spital<br>death)   | 8           | and haur and from the causes stated above. (1) (We) (dld) (did nat) v   | ew the bady after death.                         | 238, DATE SIGNED   |
|           | must<br>elease<br>ccide<br>ccide<br>to do  | H           | 1 Miles 1 Miles A M.D. Atte   | Med. Stoff Phys. XX                              |  |
|           |  | A           | 23 C. PHYSICIAN'S   | Director Phys. XXX                               | 9-6-67   |
|           | was<br>An a  | 10          | NAME IType  | JOHNS HOPKINS HOSP                               | LTAL   |
|           | A A d  | エ 24        | G. MICHAEL VINCENT M.D.  A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE  |  | I City, town, or county) IStoten   |
|           | certificate<br>body was r<br>s: (1) An a<br>D.O.A. at<br>ased prior  |             | REMOVAL ISpecial  | #  | n. ()  |
|           | bo ws:   | 25          | A. DATE REC'D BY HEALTH DEPT: 25B. NAME OF REGISTRAR  | 25Co UNERAL DIRECTOR                             | ADDRESS  |
|           | This certifulation of the body shows: (1) was D.O. deceased written a  | 23.         | SEP 8 1967 P. O.S. F. S. January  | - Ab end A                                       | and 8 and a fl   |
|           |  |             | 150-REV. 1/1/65   | moyourser 10                                     | 10 Brandy &  |



67. 8583 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N.67 8583

| M.E. CASE NO.  |  |  |  |  |  |
|--|--|--|--|--|--|
| . NAME OF DECEASED Type or Print)  | 2. DATE AND HOUR PRONOUNCED DEAD  September 5, 1967   8:47 p. M.  4. USUAL RESIDENCE (Where deceased lived. If institution residence before odmission      |  |  |  |  |
| DAVID COOK   | September 5, 1967   8:47 p.m.  |  |  |  |  |
| PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A, STATE  8. COUNTY   |  |  |  |  |
| CULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  | C. CITY OR TOWN of outside corporate limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rural, give location)  723 E. Preston Street |  |  |  |  |
| Johns Hopkins Hospital D.O.A.  |  |  |  |  |  |
|  |  |  |  |  |  |
| 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(recity)  Male Colored OA. USUAL OCCUPATION(Give Ind. of work 10B. KIND OF BUSINESS OR INDUST One during most of working life, every if ratified)   | B. DATE OF BIRTH  9. AGE (In years lift Under 1 Yr. If Under 24 Hrs lost birthday)  Months Doys Hours Min.  24  12. CITIZEN OF                             |  |  |  |  |
| one during most of working life, even if saired  | Bullo me WHAT COUNTRY  |  |  |  |  |
| James B. Carle   | Allueshilson   |  |  |  |  |
| 5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, so or unknown (If yes, give wor of dotes of service)  16. SO CIAL SECURITY NO.   | Omis B-Cook Land   |  |  |  |  |
| IIB. CAU   | SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH   |  |  |  |  |
| (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc., It means the disease, injury or camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) |  |  |  |  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   | A STANDARY AND THE WEST STANDARD CONSIDERED  |  |  |  |  |
|  | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YES  YES  |  |  |  |  |
| UNDERLYINGXIOR CONTRIB-  | g., in or about 21C. WHERE DID (If in Boltimore City, give exact location), office bldg., INJURY OCCUR?  500 block of E. North Ave.                        |  |  |  |  |
| 21D TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX)   | D 21F. HOW DID INJURY OCCUR?   |  |  |  |  |
| 22   | Autopsy X ond that on this basis, death in my opinion  |  |  |  |  |
| resulted from: Natural couses Accident Suic  |  |  |  |  |  |
| ACTUAL SIGNATURE M.  | CHIEF MEDICAL EXAMINER A   |  |  |  |  |
| EXAMINER'S NAME (Type) Russell S. Fisher M. D. 23A, BURIAL CREMATION, 23B, DATE 23C, NAME of CHMETER)  | ASSOCIATE MEDICAL EXAMINER September 6, 1967  Yer CREMATORY 23D. LOCATION (City, town, or country) (Stoto)   |  |  |  |  |
| 23A, BURIAL CREMATION, 23B. DATE  PREMOVAL (Specify)  POWNAL  24B. NAME OF REGISTRAR  24B. NAME OF REGISTRAR   | 24C, FUNERAL DIRECTOR ADDRESS  |  |  |  |  |
| SEP 8 1967 Real E. Farbuma   | Elloy Wilson for brandle   |  |  |  |  |



| J-5%                                 |  |  | HEALTH DEPARTMENT  |                             | 67 8584   |  |  |  |
|--------------------------------------|--|--|--|-----------------------------|---|--|--|--|
| BIRTH NO.                            | 67   | 8584 CERTIFICA                         | TE OF DEATH  | Registered Na               | 0001  |  |  |  |
| M.E. CASE NO.                        | CEASED   |  | 2. DATE A  | ND HOUR OF DEATH            |   |  |  |  |
| Type or Print)                       | LILLI  | AN E. JONES                            | SEP  | TEMBER 6,19                 | 67  |  |  |  |
| PLACE OF D                           | EATH IN BALTIMORE, MAR                                   |  | 4. USUAL RESIDENCE (Who  | ere deceased lived. If inst | itution: residence before admission                     |  |  |  |
| FULL NAME                            | OF What is beautiful                                     |  |  | NII                         |   |  |  |  |
| HOSPITAL OR                          |  | r institution, give street             | MARYLAND  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  BALTIMORE |                             |   |  |  |  |
| INSTITUTION                          |  |  |  |                             |   |  |  |  |
| 00                                   | Gould Nurs   | ing Home                               | D. STREET ADDRESS (If  | rurol, give location)       | 0 00  |  |  |  |
| 10                                   | 6115 Belai:  | r Road                                 | 1713 North Washington Street   |                             |   |  |  |  |
| SEX                                  | 6. RACE  | 7. MARRIED, NEVER MARRIED              | B. DATE OF BIRTH   | 9. AGE (In years            | If Under 1 Yr. If Under 24 Hi<br>Months Doys Hours Min. |  |  |  |
| F                                    | W  | WIDOWED, DIVORCED (specify)            | March 27,188   |                             | Months Doys Hours Min.                                  |  |  |  |
| OA. USUAL OC                         | CUPATION (Give kind of work                              | OB. KIND OF BUSINESS OR INDUSTRY       | 11. BIRTHFLACE (Stote or fore  | eign country)               | 12. CITIZEN OF  |  |  |  |
|                                      | of working life, even it retired)                        | - + TT                                 | D-744  |                             | WHAT COUNTRY?   |  |  |  |
| Housev                               |  | at Home                                | Baltimore Ma   |                             | USA   |  |  |  |
| A CALINERS NA                        |  |  |  |                             |   |  |  |  |
|                                      | George Schi  |  |  | ne Geiss                    |   |  |  |  |
| . Was Decease<br>es, no or unknow    | ed Ever in U.S. Armed Forcen) (If yes, give wor or dotes | of service) 16. SOCIAL<br>SECURITY NO. | 17. INFORMANT  |                             | ADDRESS   |  |  |  |
| no                                   |  | 213 01 8097                            | Miss Anna M.   | . Schmidt 1                 | 713 N. Wash. 8  |  |  |  |
| 18.                                  | 10 V 1   | CAUSE O                                | F DEATH  |                             | INTERVAL BETWEEN  |  |  |  |
| DISEA                                | ASE OR CONDITION DIRE                                    | CTLY                                   |  |                             | ONSET AND DEATH   |  |  |  |
|                                      | LEADING TO DEATH   | (A) (PER                               | ralized Arte   | viose leveris               | 5 - cars  |  |  |  |
| (This does                           | nal meon the made af<br>a, asthenio, etc. It means       | -73,3.,                                |  |                             |   |  |  |  |
| injuly of co                         | implication which coused                                 | deoth.)                                | abetes Mol   | 1.4.                        | 11  |  |  |  |
|                                      | ANTECEDENT CAUSES  | (B)                                    | decid lath   | 71100                       | ी भ रूपमा   |  |  |  |
| DISEASES                             | OR CONDITIONS, if o                                      | ny, giving                             |  |                             | 4   |  |  |  |
| rise lo I                            | he obave couse (A)                                       | 1                                      |  |                             |   |  |  |  |
| UNDERLTIN                            | IG CONDITION lost.                                       |  |  |                             |   |  |  |  |
| Z OTHER SICK                         | II NIFICANT CONDITIONS CO                                | NTDIBILTING                            |  |                             |   |  |  |  |
| TO THE                               | DEATH BUT NOT RELAT                                      | ED TO THE                              |  |                             |   |  |  |  |
| 19A. DATE O                          | R CONDITION CAUSING IT.                                  | TON FOR WHICH OPERATION                | 20A. AUTOPSY? (Yes or N  | o) 208. IF YES WERE FIL     | NDINGS CONSIDERED                                       |  |  |  |
| OTHER SIGN<br>TO THE I<br>DISEASE OF | WAS PERFO  | DRMED                                  | NO   | IN CERTIFYING CAU           | SES OF DEATH?   |  |  |  |
| 21 A. ACCID                          | ENT WAS UNDERLYING                                       | 21B. PLACE OF INJURY (e.g., in         |  | (If in Boltimore            | City, give exact location)                              |  |  |  |
| OR CONTRIE                           | BUTING CAUSE OF  | home, form, foctory, street, of        | fice bldg., INJURY OCCUR?  |                             | any, gre ander location                                 |  |  |  |
| 2                                    |  |  |  |                             |   |  |  |  |
| OF INJURY                            | (Month) (Doy) (Year)                                     | (Hour) 21E. INJURY OCCURRED            | 21 F. HOW DID IN.  | JURY OCCUR?                 |   |  |  |  |
| (APPROX.)                            |  | While At Not While                     | · 🗆  |                             |   |  |  |  |
| 22. I certif                         | y that (I) (this bearing)                                | ottended the deceased from             | 1960   | 19 to 5                     | 201 10 67   |  |  |  |
|                                      |  |  | - 20   |                             | 7 doesh and 1 ale- 1                                    |  |  |  |
|                                      |  |  |  |                             | on death occurred on the do                             |  |  |  |
| 23A. SIGNAT                          |  | d obave. (1) (4) (did) (4)             | lew the bady after death.  |                             |   |  |  |  |
| ZJM. SIGNAL                          | m 7  | M.D. Atte                              | nding and Med.   | Stoff -                     | 23 B. DATE SIGNED                                       |  |  |  |
|                                      | Mry "  | Phys                                   | Director _   | Phys.                       | 9/7/67  |  |  |  |
| 23 C. PHYSICI                        | ANS<br>(Tyre)  | [4                                     | 3D. ADDRESS  |                             |   |  |  |  |
|                                      |  | ann M.D.                               | 3202 Harford   | Road                        |   |  |  |  |
| 4A. BURIAL CR                        | EMATION, 248, DATE                                       | 24C. NAME OF CEMETERY OF CRE           |  |                             | , town, or county! (State)                              |  |  |  |
| REMOVAL                              | 01011-   |  |  |                             |   |  |  |  |
| Burial                               | 9/9/67   |  | etery Ba   | altimore Ma                 | ryland  |  |  |  |
| SA. DATE REC'I                       |  | 25B, NAME OF REGISTRAR                 | HENRY SANT   |                             | ADDRESS   |  |  |  |
| OLT 0                                | 1967 R. Bert   | S' Markening                           | HENRY SANI   |                             | INC.  |  |  |  |
| \$ 150-REV. 1/1.                     | /65  | 7011                                   | DALILIMORE   | MARYLAND 2                  | 1213  |  |  |  |

weether with the hard freeze for 1/11/21

an

To

occurred

IMPORTANT

DIRECTOR:

FUNERAL

DET BERRY STREET VILLES 6 DAYS

PREVIOUS LIVE DISERSEY 15 TOS

CON PREMIONS WELFE

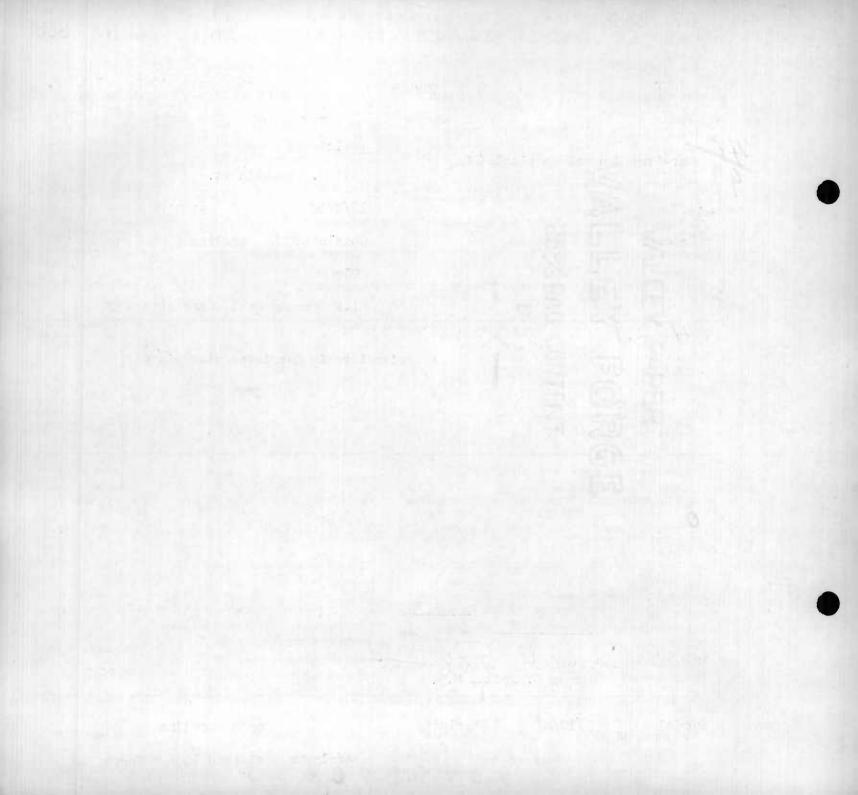
4-7 6.3

Marga W. BAABAGEMAW

Jones Hopems BALTIMITE HO

|   |     |   |              | 00 |
|---|-----|---|--------------|----|
| 1 | 110 | , | BIRTH NO,    |    |
|   | 42  |   | MA E CASE NO |    |

|                | AME OF DEC   | TEACED   |   |   |   | DATE AND   | HOUR PRONOUNC   | ED DEAD              |                     |                   |          |
|----------------|--|--|---|---|---|--|---|----------------------|---------------------|-------------------|----------|
| (Typ           | ROBERT   | LASED  |   | WALKER  |   |  | tember 4,   |                      |                     | :10               | D        |
| 3. PL          |  | (IF NOT IN HOSPITA<br>ADDRESS OR LOCA  | AL OR INSTITU   | INCED DEAD  | 4. USUAL RESID<br>A, STATE<br>Marylan<br>C. CITY OR TOV   | ence (Where ond<br>No (If outside  | deceosed lived. If inst<br>B. COL   | itution: res<br>JNTY | idence              | belore or         | dmi      |
| 7              | Marylan  | nd General Ho  | spital  | Baltimore D. STREET ADDRESS (If rurol, give locotion) 631 W. Franklin St.   |   |  |   |                      |                     |                   |          |
| 5. se          | 1e   | 6. RACE<br>Negro   | WIDOWED, E  | NEVER MARRIED<br>DIVORCED (specily)   | B. DATE OF BIRTI  |  | 9. AGE (In yours<br>lost birthdoy)<br>51  |                      |                     | If Under<br>Hours |          |
| done           |  |  | 10B. KIND OF  | BUSINESS OR INDUST  | Charlot   | te N C   | Carolina  |                      | ZEN OF<br>AT COL    |                   |          |
| , J. F.        |  | Walker   |   |   | Ola:  | AIDEN NAME   |   |                      |                     |                   |          |
|                | WAS DECEASE  | D EVER IN U.S. ARMED   |   | 16. SOCIAL  | 17. INFORMANT   |  |   | ADDRES               | SS                  | - 12              |          |
| (Yes,          | , no or unknown  | (If yes, give wor or dote  | s of service)   | SECURITY NO.  | Miss Don  | rothy Ha   | ill, Charlo   | tte N                | C                   |                   |          |
|                | (This does r   | SE OR CONDITION DI<br>LEADING TO DEATH<br>not meen the mode of<br>osthenio, etc. It meons<br>application which coused of   | dying, e.g.,  | Arteri  | osclerotic  | Cardiov  | ascular Di  | sease                |                     | TAND              | TW<br>DE |
| ICATION        | (This does repeated to the control of the control o | LEADING TO DEATH not meon the mode of osthenio, etc. If meons mplication which coused of NTECEPENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) ST NG CONDITION LAST,  II  | dying e.g., the discose, death.)  S NY, GIVING TATING THE   | (B)   | osclerotic  | Cardiov  | vascular Di   | sease                |                     | T AND             |          |
| 뜬              | (This does repeated to the control of the control o | LEADING TO DEATH not meen the mode of osthenio, etc. It meens inplication which coused of NITECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST, II   | dying e.g., the discose, death.)  S NY, GIVING TATING THE  CONTRIBUTIN LATED TO THE IT.   | (B)(C)  | 20A. AUTOPSY  | ? (Yes or No) [  | vascular Di   | NDINGS               | ONSE                |                   |          |
| CAL CERTIF     | (This does in heart loilure, in jury or core i | LEADING TO DEATH not meon the mode of osthenio, etc. It meons inplication which coused of NITECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST,  II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING OPERATION 198, CON   | dying, e.g., the discose, death.)  S LNY, GIVING TATING THE  CONTRIBUTIN LATED TO THE S IT. DITTON FOR V FORMED   | (B)(C)  | 20A. AUTOPSY<br>NO  | ? (Yes or No)  | 20B. IF YES, WERE FI<br>IN CERTIFYING CAU   | NDINGS (             | ONSE<br>CONSIDEATH? | DERED             |          |
| MEDICAL CERTIF | (This does in heart loilure, in jury or core in jury or in j | LEADING TO DEATH not meon the mode of osthenio, etc. It meons mplication which coused of NATECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST,  II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING OPERATION 198, CON WAS PERI L CAUSE WAS   | dying, e.g., the discose, death,)  S INY, GIVING TATING THE  CONTRIBUTIN LATED TO TH GOTTAL CONTRIBUTION LATED  (Hour)  218. F home, etc.,) | OUE TO  (B)  DUE TO  (C)  NG HE  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, sheef, form, foctory, sheef, while AT \( \square \) | 20A. AUTOPSY<br>NO<br>,, in or about 21C. W   | ? (Yes or No)  | 20B. IF YES, WERE FI<br>IN CERTIFYING CAU<br>If in Baltimore City, gi   | NDINGS (             | ONSE<br>CONSIDEATH? | DERED             |          |
| MEDICAL CERTIF | (This does in heart loilure, in jury or core in jury (APPROX.)   | LEADING TO DEATH  Not meon the mode of osthenio, etc. It meons  mplication which coused on the country  CALLED OR CONDITIONS, IF A  E ABOVE CAUSE (A) ST  ING CONDITION LAST,  II STEEL ON THE CONDITIONS OPERATION TO THE CONDITION CAUSING OPERATION TO CAUSING OPE | dying, e.g., the disease, death,)  S  NY, GIVING TATING THE  CONTRIBUTIN LATED TO TH CONTRIBUTION FORMED  218. F home, etc.,) () (Hour)  21 m. W  nquiry  | DUE TO  (B) DUE TO  (C)   | 20 A. AUTOPSY NO In or about 21 C. W office bldg, NJURY 21 F, HC WORK Utopsy and de Homici CHIEF MI | ? (Yes or No)     VHERE DID (I) OCCUR?  DW DID INJU  d that an this de U  EDICAL EX. | 20B. IF YES, WERE FIN CERTIFYING CAU If in Baltimore City, gi RY OCCUR?  s basis, death in r Indetermined mann AMINER  AMINER | NDINGS (SES OF D     | CONSIDEATH?         | TE SIG            | DE       |

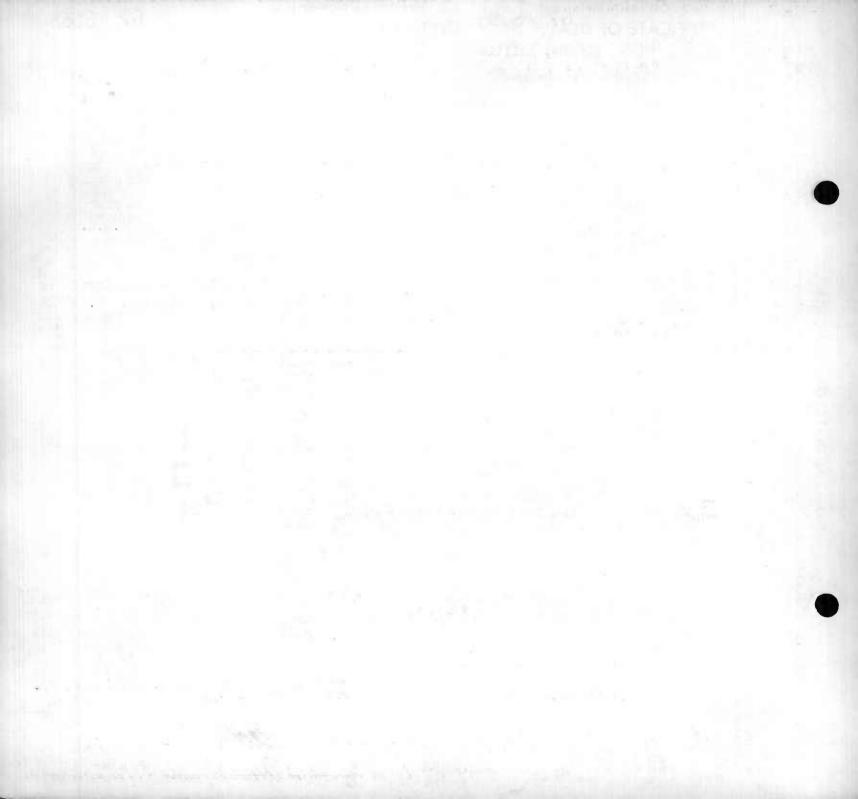


|   | CO OFON  |                   | BALTIMORE CITY            | HEALTH DEPARTMEN  | T                 | 00 000   |  |  |
|---|--|-------------------|---------------------------|---|-------------------|--|--|--|
| BIRTH NO.   | 67 8587  |                   | CERTIFICA                 | TE OF DEATH   | Registered No.    | . 67 8587  |  |  |
| NAME OF DE  | CEASED   |                   |                           |   | AND HOUR OF DEATH |  |  |  |
| Type or Print)  |  | Dahána            |                           | 2. DATE   | 8-30-6'           |  |  |  |
| PLACE OF D  | ROLAND   | Robins            | son                       | HA HEHAL BESIDENCE  |                   | institution: residence before edmission  |  |  |
| TEACE OF D  | LATH IN BALTIMOKE, MIA                         | RILAND            |                           | A. STATE B. CI  | DUNTY             | Institution: residence before damission  |  |  |
| FULL NAME   |  | oı institution, g | give sheet                | Maryland  |                   | 16-07  |  |  |
| HD SPITAL DR  | oddress ar location                            | 1)                |                           | C. CITY OR TOWN (If outside city limits, write RURAL and give township) |                   |  |  |  |
| 29  | Providen                                       | t Hospi           | ital, Inc.                | Baltimore,  |                   |  |  |  |
| 0/  | 1514 Div                                       | ision S           | Street                    | D. STREET ADDRESS   |                   |  |  |  |
| -   | Baltimor                                       | e, Mary           | yland 21217               | 1244 W. La  | anvale Street     | t  |  |  |
| SEX   | 6. RACE  | 7. MARRIED,       | NEVER MARRIED             | B. DATE OF BIRTH  | 9. AGE (In years  | If Under 1 Yr. If Under 24 His<br>Months Doys Hours Min.   |  |  |
| Male  | Negro  | WIDOWED           | DIVORCED (specify)        | 7   | lost birthdoyl    | Min.   |  |  |
| A. USUAL OC   | CUPATION (Give kind of work                    | 108. KIND OF      | BUSINESS OR INDUSTRY      | 11. BIRTHPLACE (Stote or  | foreign country)  | 12. CITIZEN OF   |  |  |
| Hinemine most o   | t working lite, even if retired)               |                   |                           | Maryland  |                   | WHAT COUNTRY?  |  |  |
|   |  |                   |                           |   |                   | U.S.A.   |  |  |
| FATHER'S NA   | ME   |                   | 2                         | 14. MOTHER'S MAIDEN   | NAME              | ?  |  |  |
|   |  |                   | ě.                        |   |                   | ¥  |  |  |
|   | d Ever in U. S. Armod Fore                     |                   | 1 6. SOCIAL               | 17. INFORMANT   |                   | ADDRESS  |  |  |
| es, no or unknow  | (n) (If yes, give wor or date                  | s of service)     | SECURITY NO.              |   |                   |  |  |  |
| Ta - Ta   |  |                   |                           |   | ngton, same       |  |  |  |
| 18. 0 5   | 3.11   |                   | CAUSE O                   | F DEATH   |                   | ONSET AND DEATH  |  |  |
| DISEA   | ASE OR CONDITION DIR                           | ECTLY             | ,                         | 1.41  | 1                 |  |  |  |
| (The state of the | LEADING TO DEATH                               |                   | (A) AC                    | ripheral Cina   | leasing to        |  |  |  |
| heart failure   | nat mean the made of , osthenia, etc. II means | the disease       | DUE TD                    | · bi O Cini   | reelelon tail     | 5.0  |  |  |
|   | mplication which coused                        |                   | 12                        | in present  | 7 8               |  |  |  |
|   | ANTECEDENT CAUSES                              |                   | (B)                       | 0   |                   |  |  |  |
| DISEASES  | OR CONDITIONS, if                              | anv. aivina       | DUE TO                    |   |                   |  |  |  |
| rise la l   | he abave cause (A)                             |                   | (C)                       |   |                   |  |  |  |
| UNDERLYIN   | IG CONDITION last.                             |                   |                           |   |                   |  |  |  |
|   | II   |                   |                           |   |                   |  |  |  |
| OTHER SIGN  | NIFICANT CONDITIONS CODEATH BUT NOT RELA       |                   |                           |   |                   |  |  |  |
| DISEASE DE  | CONDITION CAUSING I                            | ۲.                |                           |   |                   |  |  |  |
| 19A. DATE O   | F OPERATION 198. CON                           |                   | VHICH OPERATION           |   | IN CERTIFYING C   | FINDINGS CONSIDERED<br>AUSES OF DEATH?   |  |  |
| 19A. DATE O   |  |                   |                           | NO  |                   |  |  |  |
| OR CONTRI   | ENT WAS UNDERLYING DUTING CAUSE OF             | 21 B.             | PLACE OF INJURY (e.g., in | fice bldg., INJURY OCCU   | D (If in Baltima  | ore City, give exact location)   |  |  |
| DEATH (notif  | ly medical examiner                            | etc.)             |                           | ince sings, illisoki occor  | n.                |  |  |  |
| 21 D. TIME  | (Month) (Doy) (Year)                           | (Hour) 21 E.      | INJURY OCCURRED           | 21F. HOW DID  | INJURY OCCUR?     |  |  |  |
| S OI HAJORI   | (100)  |                   | le At Not Whil            |   | Majori Occor.     |  |  |  |
| (APPROX.)   |  | Wor               |                           |   |                   |  |  |  |
| 22. I certif  | y that (1) (this hospital                      | ) ottended th     | e deceased from A         | ugust 30,   | 19 67 to Aug      | ust 30, 19 67  |  |  |
|   | ) lost sow the decease                         |                   |                           | 10 67   |                   | oinian death occurred on the de  |  |  |
|   |  |                   |                           |   |                   | ornian death occurred on the de  |  |  |
|   | nd from the causes stat                        | ed obave. (1      | ) (We) (did) (did nat) v  | iew the bady ofter dea  | oth.              |  |  |  |
| 23A. SIGNAT   | /  | 2                 |                           |   |                   | 23B. DATE SIGNED   |  |  |
|   | A nel  | auch              | M.D. Atte                 | ending Med. Director  | Stoff Phys.       | 8-31-67  |  |  |
| 23C. PHYSICI  |  |                   |                           | 23D. ADDRESS  | ,                 |  |  |  |
| NAME  | Iype) /V·C.                                    | PANCE             | YOLY MA                   |   | on Street D       | alto Manuland  |  |  |
|   |  |                   |                           | 1514 Division   |                   | alto., Maryland  |  |  |
| A. BURIAL CR<br>REMOVAL   | (Specify) 24B. DATE                            | 24C. NA           | ME of CEMETERY of CRE     | MATORY 24   | D. LOCATION (     | Cily, town, or county) (Stole)   |  |  |
| TD. • =   |  | 7.01              | Callyramor Ca             | motor   |                   | 100  |  |  |
| A. DATE REC   | D BY HEALTH DEPT / 67                          | 25B. NAME O       | Calvary Ce                | metry   | A A County        | Md ADDRESS   |  |  |
| OF  | D 0 1007 A                                     | O Par C           | To Prometal               |   |                   |  |  |  |
| 5t  | 10 1001 (1C                                    | Kree III C        | DAG STORY                 | Adoublins Ha  | 1stead 1206       | W North AVe  |  |  |
| 150-REV. 1/1  | /65  |                   |                           |   |                   | The second secon |  |  |

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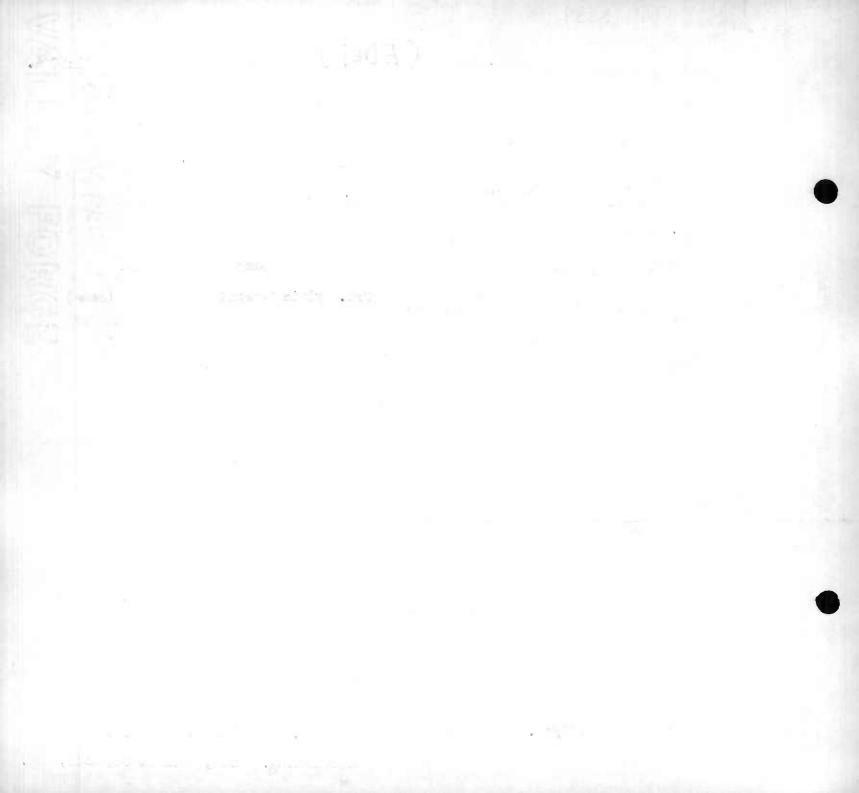
Registered Na. 2. DATE AND HOUR OF PEATH (If outside city limits, write RURAL and give township) (If rurol, give location) 31 N. CAREY STREET - 21223 If Under 1 Yr. Months: Dovs If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? 17. INFORMANT RECORDS: Baltimore City A HOSSitals 4940 Eastern Avenue, Baltimore, Md. 21224 INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that In(my) (aur) apinion death accurred on the date 23 B. DATE SIGNED 4940 Eastern Avenue, Baltimore, Md. 21224 VS 150-REV. 1/1/65



IMPORTANI

**DIRECTOR:** 

FUNERAL



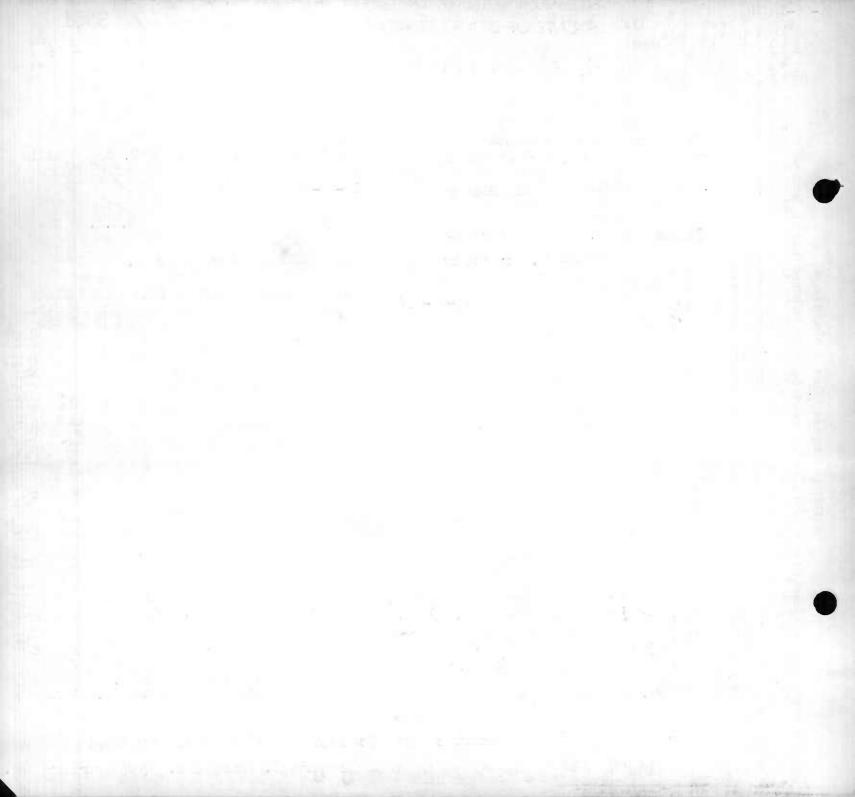
FUNERAL DIRECTOR: IMPORTANT

approved

Ewiting Trend of Street

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Agestra C. Luck, and to Mo. 21211



P3

|                    | 0.00                        |  |               | BALTIMORE CIT              | Y HEALTH DEPARTMENT                    |                                    | 0500   |
|--------------------|-----------------------------|--|---------------|----------------------------|--|------------------------------------|--|
| BIRTH NO.          | 67                          | 8592   |               | CERTIFICA                  | TE OF DEATH                            | Registered No.                     | 67 8592  |
| M.E. CASE          | NO.<br>F DECEASED           | EDMUND   |               |                            | 2. DATE A                              | ND HOUR OF DEATH                   |  |
| (Type or Pri       | nt)                         | Edwared  | J. Pe         | etchik                     | Sept.                                  | 6, 196                             | 7   1:00 a.  |
| 3. PLACE C         | F DEATH IN B                | ALTIMORE MARYL   | AND           | MDED                       | 4. USUAL RESIDENCE (Wh.                | ere deceased lived. II if<br>NTY   | stitution: residence before admissio                     |
| したな                | WE PL I                     | noi in nospiral or   | nshibnon, gr  | THEL                       | Md.                                    |                                    | 12-01  |
| HOSPITA            | L OR of                     | idress or lacation)  |               | 9-12-67                    | C. CITY OR TOWN (If a                  | utside city limits, write          | RURAL and give township)                                 |
| 261                | 17 Nonti                    | h Charle   | Stro          | 10 +                       | D. STREET ADDRESS (III                 | Turol, give location)              |  |
| 204                | 7 140,00                    | i (naice   | JAME          | .ec                        |  | th Charles                         | Street   |
| 5. SEX             | 6. RACE                     | 7.   |               | NEVER MARRIED              | 8. DATE OF BIRTH                       | 9. AGE (In years<br>lost_biathday) | If Under 1 Yr. If Under 24 Hr<br>Months: Days Haurs Min. |
| male               | wh                          | ite  | sinal         | DIVORCED (specify)         | 11/12/1909                             | 5                                  | Monins Days Haurs Min,                                   |
| OA. USUAL          | OCCUPATION                  | (Give kind al wark 10  | B. KIND OF    | BUSINESS OR INDUSTRY       | 11. BIRTHPLACE (State or for           | eign country)                      | 12. CITIZEN OF WHAT COUNTRY?                             |
| Ve                 | ts. Adm                     | istratio   | n- Fi         | nance                      | Penna.                                 |                                    | U.S.A.   |
| 3. FATHER          | SNAME                       |  |               |                            | 14. MOTHER'S MAIDEN NA                 | ME                                 |  |
|                    | Kar                         | l Petchi   | k             |                            | Helen Mike                             | 2.                                 |  |
|                    |                             | U. S. Armed Forces<br>give war or dates of   |               | 6. SOCIAL<br>SECURITY NO.  | 17. INFORMANT                          |                                    | ADDRESS  |
| yes                | 1000                        | II   |               | 195-09-4015                | Miss Amelia                            | Patchiba?                          | amie Par   |
| 18.                | 20.00                       | 11260  | V             | CAUSE                      | OF DEATH                               | 1 excitate                         | INTERVAL BETWEEN ONSET AND DEATH                         |
| 7                  |                             | ONDITION DIREC   | TLY           | C                          |  | 1 +                                | UNSEI AND DEATH  |
| (This o            |                             | G TO DEATH the mode of dy  | ing e.g       | (A) U                      | rteriosclerol                          | re Heare                           | 10 175   |
| hearl f            | ailure, asthenia            | , etc. It means the  | e disease,    | 502.10                     | 1                                      |                                    |  |
| injury             |                             | DENT CAUSES  | G111.7        | ( B)                       | Disease                                |                                    | 14-0-0-0-0-0-0-0   |
| DISEA              | SES OR CON                  | IDITIONS, if ony   | , giving      | DUE TO                     |  |                                    |  |
|                    | la lhe above<br>RLYING COND | couse (A) si   | oling the     | (C)                        | ······································ |                                    | ***************************************                  |
| ONDE               | KETHIO CONE                 | 11   |               |                            |  |                                    |  |
| OTHER              |                             | CONDITIONS COM   |               | 1)                         | betes Mell                             | +                                  | 8 YRC  |
| DISEA              | SE OR CONDITI               | BUT NOT RELATE<br>ON CAUSING IT.   |               |                            |  |                                    |  |
| ERTIFIC<br>19A. DA | TE OF OPERAT                | ION 19B. CONDIT  |               | HICH OPERATION             | 20A. AUTOPSY? (Yes or N                | IN CERTIFYING CA                   | FINDINGS CONSIDERED                                      |
| 21 A. A.           | CCIDENT WAS                 | UNDERLYING   | 21 B, I       | PLACE OF INJURY (e.g.,     | in ar about 21 C. WHERE DID            | (If in Baltimar                    | e City, give exact location)                             |
| _ OR CO            | Inotify medical             | CAUSE OF   | hame<br>etc.) | , larm, factory, street, o | office bldg., INJURY OCCUR?            |                                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                  |
| Ω 21 D. TI         | ME (Manth)                  | (Day) (Year) (   | Hour) 21 E.   | INJURY OCCURRED            | 21F. HOW DID IN                        | JURY OCCUR?                        |  |
| OF INJ             |                             |  |               | e At Not Whi               | ile                                    |                                    | ,  |
|                    |                             | (ahis hostasi)   | Wark          |                            | 0./2                                   | 19/00 10                           | 9/6 1967   |
|                    |                             |  |               | e deceased from            |  |                                    | inion deoth occurred on the d                            |
|                    |                             |  |               | /                          | /                                      |                                    | illion deoth occurred on the di                          |
|                    | ON ATURE                    | ne causes stored   | above. (I)    | (we) (ata) (ala nor)       | view the bady ofter death.             | •                                  | 23B, DATE SIGNED   |
|                    | Bai                         | WAY B  | Object        | MI M.D. A!                 | tending Med.                           | Staff                              | 0/7/17   |
| 23 C. PH           | YSICIAN'S                   | there is   | MING          | uy mill                    | ys. Director 23D. ADDRESS              | Phys.                              | 1/10/  |
| NA.                | ME (Type)                   | Barnett  | Berman        | M.D.                       | 611 Pax                                | K Anone                            | 10 Balto Ma  |
| 24A. BURIA         | L CREMATION                 | and the same of th |               | ME of CEMETERY OF CI       |  |                                    | City, tawn, ar caunty) (State)                           |
| Bur                | VAL (Specify)               | 9/8/67   | Ba            | lto. Nation                | ral (em.                               | Balto. M                           |  |
| 25A. DATE          | REC'D BY HEA                | LTH DEPT.  25  | B. NAME OF    | FEGISTRAR                  | 25C. FUNERAL DIRECTO                   | R                                  | ADDRESS  |
|                    | SEP 8                       | 1967 A.D.  | .62.          | farkey 194                 | Leonard J.                             | Ruck, In                           | c Baltimore, Ma  |
| VS 150-REV         | 1.1/1/65                    | TOO' ULAN  | -             | 7 4                        | 1 U U 1                                | 400                                |  |

USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) Baltimore 3023 Overland Avenue II Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? 4.5.A Krause ADDRESS (Same) INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? III in Boltimore City, give exact location) 11 and that in(my) (aur) apinian death accurred an the date 23B, DATE/SIGNED deceased prior to written approval (City, town, or county) Baltimore. Md. ADDRESS Leona rd J. Ruck, Inc. Balto. Md. 21214 VS 150-REV. 1/1/65

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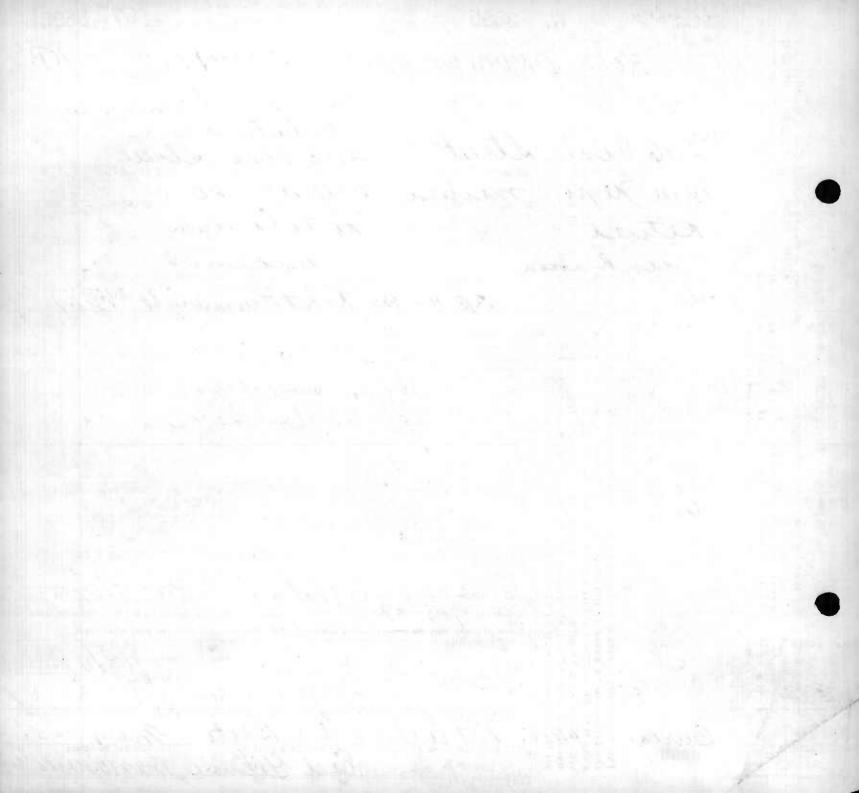
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II. STORE

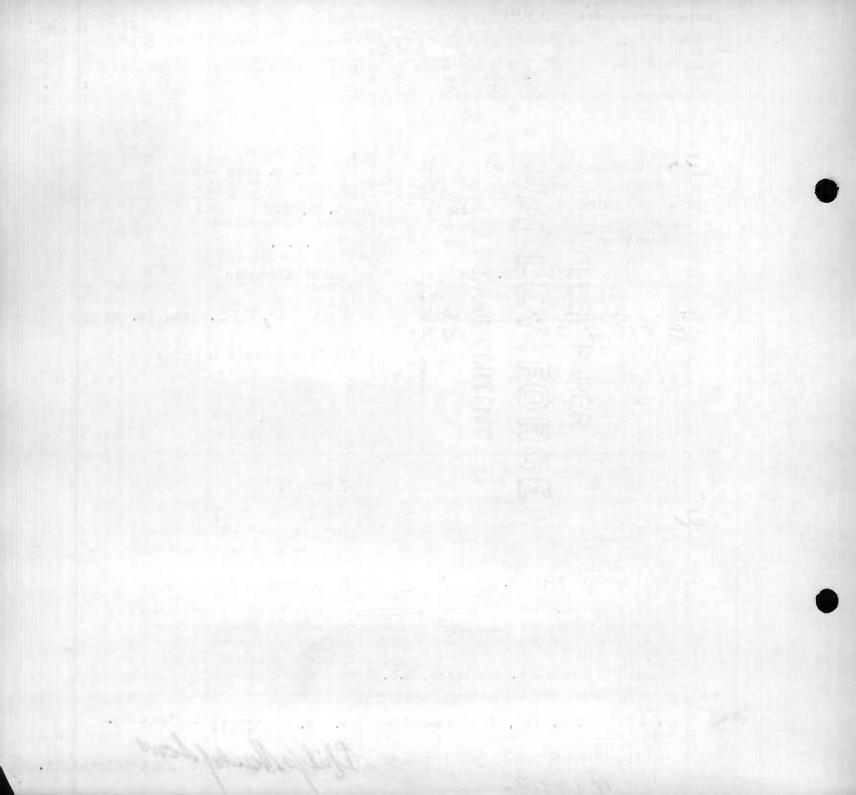
| 4-560  | BALTIMORE CIT                           | Y HEALTH DEPARTMENT            |   | OF OFOA   |
|--|---|--------------------------------|---|---|
| BIRTH NO. 67   | 8594 CERTIFICA                          | TE OF DEATH                    | Registered No                           | 67 8594   |
| M.E. CASE NO.  | 0002                                    |                                | D HOUR OF DEATH                         | 1   |
| Type or Print)   | 0 V - 0                                 |                                | ,                                       |   |
| PLACE OF DEATH IN BALTIMORE MARYL  | AND                                     | 14 USUAL RESIDENCE (When       | e deceased lived If                     | institution: residence before admission                   |
| The second of th |   | A. STATE B. COUN               | TY TY                                   | mismonon lesidence beloto dellassion                      |
| FULL NAME OF (If not in hospital or in   | stitution, give street                  | MO                             |   |   |
| HOSPITAL OR oddress or location) INSTITUTION   |   | C. CITY OR TOWN (If out        | sido city limits, write                 | RURAL and give township)                                  |
| 1  |   | BALTIMORE                      | #24                                     | 1-01  |
| TDA Car as Ha  | chi Tal                                 | D. STREET ADDRESS (If          | rural, give lacation)                   |   |
| Bon Secours Ho.  | SPITAL                                  | 3018 ELLIO                     | TT ST.                                  |   |
| . SEX   6. RACE   7.   | MARRIED, NEVER MARRIED                  | B. DATE OF BIRTH               | 9. AGE (In years                        | If Under 1 Yr. If Under 24 Hrs.<br>Months Days Hours Min. |
|  | WIDOWED, DIVORCED (specify)             | 8-16-10                        | lost birthdoy!                          | Months Days Hours Min.                                    |
|  | MARRIED  KIND OF BUSINESS OR INDUSTR    | 11. BIRTHPLACE (State or fore) | an country)                             | 12. CITIZEN OF  |
| 5A, USUAL OCCUPATION (Give kind of work 10B one during most of working life, even if retired)  | Ship Yard                               | Warmill and                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | WHAT COUNTRY?   |
| RETIRED- Locomotive  | Eng. Beth. Steel                        | Maryland                       |   | U. S. A   |
| FATHER'S NAME  |   | 14. MOTHERS MAIDEN NAM         | ME                                      |   |
| FRANK HENRY SK   |   | SAUNDERS                       |   |   |
| Was Deceased Ever in U. S. Armed Forces?   |   | 17. INFORMANT                  |   | ADDRESS21224  |
| es, no or unknown) (If yes, give war ar dates of   | service) SECURITY NO.                   |                                | 2030 233                                |   |
| No   | 213-01-4327                             | Mrs. Marie Henr                | y, 3010 EL                              | liott St. Balto. Md                                       |
| 18. 5-27./1  | CAUSE                                   | DE DEATH                       | Carlo III                               | INTERVAL BETWEEN  |
| DISEASE OR CONDITION DIRECT  | rLY O                                   | 10 10 0                        | ~                                       | ONSET AND DEATH   |
| LEADING TO DEATH   | (A) Voile                               | et confluent b                 | musto pren                              | unture  |
| (This does not mean the mode of dy   | ng, e.g., DUE TO                        |                                | 1                                       |   |
| hearf failure, asthenia, etc. It means the injury or complication which caused dec   | olh.)                                   | 0                              | 0. 1                                    |   |
| ANTECEDENT CAUSES  | (B) Eury                                | hyserus + bro                  | men cal a                               | 10  |
| DISEASES OR CONDITIONS, if any,  |   | 7                              |   |   |
| rise fa the abave couse (A) sto  |   |                                |   |   |
| UNDERLYING CONDITION last.   | 800000000000000000000000000000000000000 |                                |   |   |
|  |   |                                |   |   |
| OTHER SIGNIFICANT CONDITIONS CON   |   |                                |   |   |
| OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  | TO THE                                  |                                |   |   |
| 19A. DATE OF OPERATION 19B. CONDITI  | ON FOR WHICH OPERATION                  | 20 A. AUTOPSY? (Yes or No      | 20B. IF YES, WERE                       | FINDINGS CONSIDERED                                       |
| WAS PERFORM  | MED                                     | Yes                            | IN CERTIFYING C.                        | AUSES OF DEATH?   |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF  | 21B. PLACE OF INJURY (e.g.,             | in or obout 21 C. WHERE DID    | (If in Boltimo                          | ore City, give exact location)                            |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  | home, form, foctory, street, etc.)      | office bldg., INJURY OCCUR?    |   |   |
| 2  |   |                                |   |   |
| 21D. TIME (Month) (Doy) (Yeor) (H  |   | 21F. HOW DID INJ               | URY OCCUR?                              |   |
| (APPROX)   | While At Not Wh.                        |                                |   |   |
| 22 1   |   |                                | 0/3.                                    | 7 10 /0   |
| 22. I certify that (I) (this hospital) at  |   |                                | 19 67 to                                | 19.67   |
| that (I) (we) last saw the deceased a  | live on 3. 05 /// 9-                    | and the                        | at in(my) (aur) as                      | pinian death accurred on the da                           |
| and have and from the causes stated  | abave. (1) (We) (did) (did nat)         | view the bady after death.     |   |   |
| 23A. SIGNATURE   | 10                                      |                                |   | 23B. DATE SIGNED  |
| Burne Kap  | Kane M.D. At                            | ending Med.                    | Stoff<br>Phys.                          | 9-5-67  |
| 23C. PHYSICIAN'S   | - P                                     | 23D. ADDRESS                   | 1 11y 5, 104                            | 130/  |
| NAME (Type) RVIIIC   | LAD LANGE                               | DAM OF                         | 4.0=                                    | 110001-11   |
| 01414  | AP KANG M.D.                            | BUN SEC                        | OUKS 1                                  | HOSPITAL  |
| 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  | 24C. NAME of CEMETERY OF CE             | EMATORY 24D. LO                | OCATION                                 | City, town, or county) (State)                            |
| Burial 9/8/67  | Meadowridge Memo                        | mial Dk Com                    |   | Damage Massell  |
|  |   |                                |   | Dorsey, Maryland  |
| ORD O MOT A S I  | NAME OF REGISTRAR                       | 25C. FUNERAL OTRECTOR          | 1 70/220                                | Will and DORESS   |
| ELLEN TUR / /13 /7 //4/24  | ADC/T . I SAMPLE CO                     | al Wall M                      | 11/- 12 (                               | 750 0 (1/   |
| 3FL 0 1301 (17/2010)   | , Coosan -                              | William We                     | Cell Wax                                | 22 mos  |

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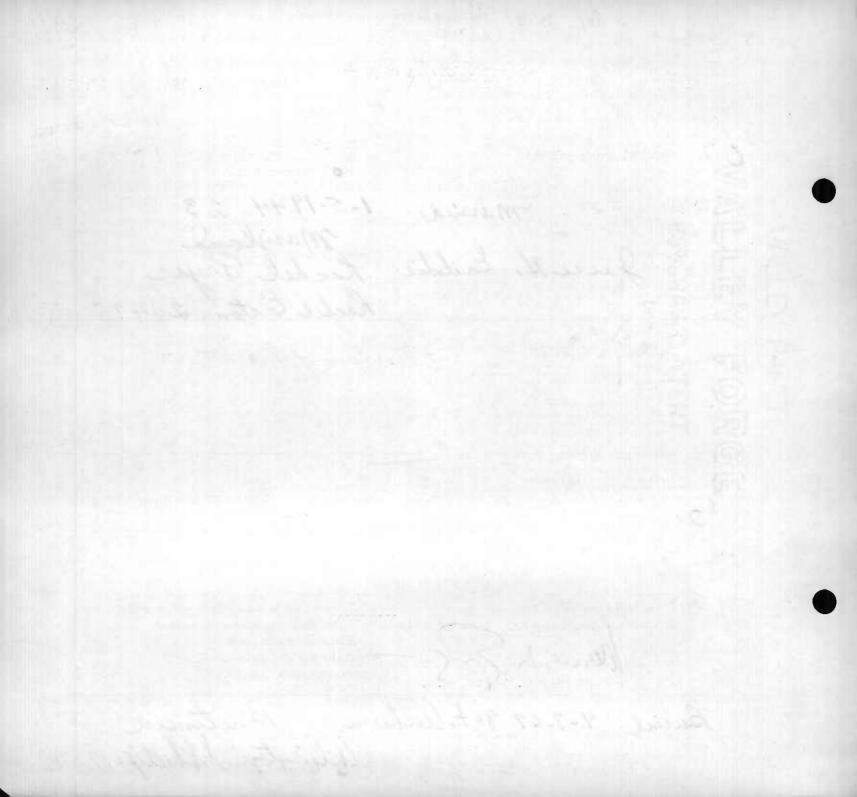


## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 8596

| DIK           | IN NO.   | ICAL LA          | MILLATER 2 CF  | KIIIICAIL OF D                                 | EAIL Kegistered                          | 140.                         |
|---------------|--|------------------|--|--|--|------------------------------|
| M.            | E. CASE NO.  |                  |  |  |  |                              |
| 1.<br>(Tv     | NAME OF DECEASED   | ((               | Carl)  |  | HOUR PRONOUNCED                          |                              |
| ,,,           | pe of this   | CLIFFORD         | SWIM   | Sept   | ember 7, 196                             | 7 11:40 P. M.                |
| 3. F          | PLACE IN BALTIMORE, MARYLAND, V  | VHERE PRONOUN    | CED DEAD   | 4. USUAL RESIDENCE (Where de A. STATE Maryland | leceosed lived. If institution B. COUNTY |                              |
| HO            | LL NAME OF (IF NOT IN HOSPIT<br>SPITAL OR ADDRESS OR LOC<br>TITUTION         | AL OR INSTITUTI  | ON, GIVE STREET                                      | C. CITY OR TOWN (If outside                    | corporate limits, write RU               | RAL ond give township)       |
|               | - /  |                  |  | Baltimore                                      |  | -06                          |
| 1             | 35 Church Home   | Hospital         |  | D. STREET ADDRESS (If rurol, 205 N. Ro         | ose Street                               |                              |
| 5. 5          |  | 7. MARRIED, N    | EVER MARRIED<br>ORCED(specify)                       | 8. DATE OF BIRTH                               | 9. AGE (In yours If lost birthday)       | Under 1 Yr. If Under 24 Hrs. |
|               | Male White   |                  | Single   | Sept.29,1957                                   | 9  |                              |
| IOA           | . USUAL OCCUPATION (Give kind of wo  | k 108. KIND OF B | USINESS OR INDUSTRY                                  | 11. BIRTHPLACE (Stote or foreign               | country) 12                              | CITIZEN OF WHAT COUNTRY?     |
|               | s during most of working life, even if retired)                              | 1                | none   | Wash.D.C.                                      |  |                              |
| 13.           | FATHER'S NAME  |                  |  | 14. MOTHER'S MAIDEN NAME                       |  |                              |
|               | Cliff  | ord C.Swi        | m  | Harriet Gaun                                   | ner                                      |                              |
|               | WAS DECEASED EVER IN U.S. ARME   |                  | SOCIAL<br>SECURITY NO.                               | 17. INFORMANT                                  | AC                                       | DDRESS                       |
| res           | s, no or unknown) (If yes, give war or dot                                   | es of servicer   |  |  |  |                              |
| -             | 118.   |                  | none   | Harriet Swim, 20                               | 05 N. Rose S                             |                              |
|               | E8/24  |                  | CAUSE  | OF DEATH /                                     |  | ONSET AND DEATH              |
|               | DISEASE OR CONDITION D   | IRECTLY          |  | Multiple traumat                               | ic injurior                              |                              |
|               | (This does not meon the mode o   |                  | DUE TO   | rottiple traduat                               | ic injuries                              |                              |
|               | heart failure, asthenia, etc. It mean<br>injury or complication which caused | s the diseose,   | 502 10   |  |  |                              |
| 1             | Control of the Santa Person  |                  |  |  |  |                              |
|               | ANTECEDENT CAUSE   |                  | (B)  |  |  |                              |
|               | DISEASES OR CONDITIONS, IF A   | TATING THE       | DUE TO   |  |  |                              |
| -             | UNDERLYING CONDITION LAST.   |                  | (C)  |  |  |                              |
| Ó             |  |                  | ( <b>1</b>   |  |  |                              |
| CERTIFICATION | OTHER SIGNIFICANT CONDITIONS   | CONTRIBUTING     |  |  |  |                              |
| SE SE         | TO THE DEATH BUT NOT RE  | LATED TO THE     |  | (Partial)                                      |  |                              |
| RTI           | DISEASE OR CONDITION CAUSIN  |                  | ICH OPERATION  | 20A. AUTOPSY? (Yes of No)                      | OR IF YES WERE FINDER                    | NGS CONSIDERED               |
| 1             | WAS PE   | RFORMED          |  | Yes  | N CERTIFYING CAUSES                      | OF DEATH?                    |
| MEDICAL       | 21 A. EXTERNAY CAUSE WAS<br>UNDERLYING OR CONTRIB-                           | 21B, PL,         | ACE OF INJURY (e.g., in<br>form, foctory, street, of | fice bldg. INJURY OCCUR?                       | f in Boltimore City, give e              | exoct focation)              |
| EDI           | UTING CAUSE OF DEATH.  | etc.)            | street   |  | and Rose Stre                            | eets 6-02                    |
| Σ             | 21D TIME (Month) (Doy) (Yes  | or) (Hour) 21E.  | INJURY OCCURRED                                      | 21F. HOW DID INJUI                             | RY O CCUR?                               | 0-0-                         |
|               | (APPROX.) 9-7-67 10  | 10 P. WH         | ILE AT NOT W   | Pedestrian                                     | struck by ca                             | ar                           |
|               | 22. I certify that I held an   |                  | nspection Auto                                       | 47   | basis, death In my o                     | plnian                       |
|               | resulted fram: Natural co  |                  | ident X Suicide                                      |  | ndetermined manner                       |                              |
|               |  |                  | Jucini   |  |  |                              |
|               | ACTUAL SIGNATURE   | 2 J.             | mat 40   | CHIEF MEDICAL EXA                              | AMINER X                                 | DATE SIGNED                  |
|               | EXAMINER'S Charle  | s S. Spri        | ingate, M.D.   | ASSOCIATE MEDICAL EX                           | AMINER Sep                               | otember 8, 1967              |
|               | NAME (Type)  BURIAL CREMATION, 238, DATE                                     | 23C.             | NAME of CEMETERY or                                  | CREMATORY 23D. LO                              | CATION (City, tow                        | rn, or county) (Stote)       |
| KEN           | Burial Sept.   | llth,67          | Mandamnidas  | Mom Di-  | Elkridge                                 | e Md.                        |
| 244           | DUTTAL SEPT.   | 24B, NAME OF     | Meadowridge  | Mem. PK. So                                    | Troi                                     | ADDRESS                      |
| -             |  |                  | 0 %  | PV.  | 11 dons                                  | 1                            |
|               | SEP 1 1 1967   | Robert           | E Stonker BB   | - ( Augustus)                                  | with 200                                 | 4 Orleans St.                |
| -             | 161 BEN 1/1/16   |                  | 7 17   | 11/2/11/2                                      | EUE.                                     | ATTEMES DIA                  |

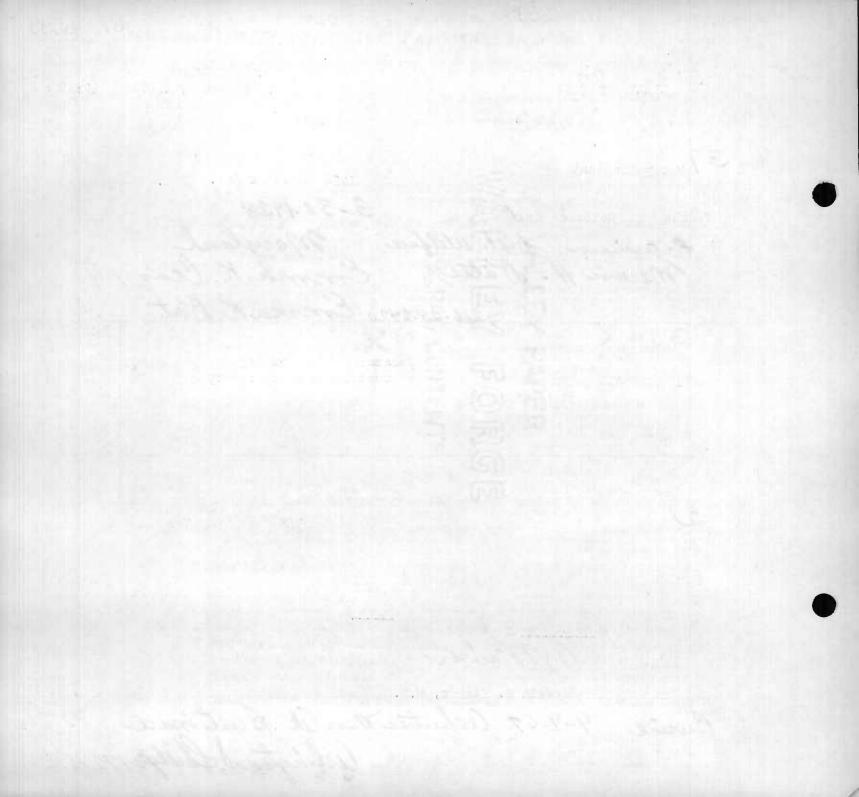


| AAEDICAL EVA AAINIEDIC C  | EDITIFICATE OF DEATHS 67 8597   |
|---|---|
| BIRTH NO. MEDICAL EXAMINER'S C  | ERTIFICATE OF DEATH Registered No.  |
| M.E. CASE NO.   |   |
| VIVIAN  STRUTEVAT   | Nt 2. DATE AND HOUR PRONOUNCED DEAD September 4, 1967   10:25 A. M.   |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)                             |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmissian) A. STATE B. COUNTY Maryland |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)   | C. CITY OR TOWN (If autside carporate limits, write RURAL and give township)                                      |
|   | Baltimore / 5 09  |
| 3409 Walbrook (DOA)   | D. STREET ADDRESS (If rurol, give location)   |
|   | 3905 Bonner Road  |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)   | 8. DATE OF DIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Days, Hours, Min.                       |
| Female Negro Marriel  | 1-3-1744 23   |
| toA. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)   | Y11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  |
|   | Maryland  |
| 13. FATHER'S NAME ( esse N. Gaddis)   | 14. MOTHER'S MAIDEN WAME  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOCIAL   | 17. INFORMANT ADDRESS   |
| (Yes, no or unknown) (If yes, give wor ar dotes of service) SECURITY NO.  | 8 11 E + 2 24 7 B +1  |
| 118. CALLSE   | rachel Palon 204 / Dentalors  |
| CAUSE   | OF DEATH INTERVAL BETWEEN ONSET AND DEATH   |
| DISEASE OR CÓNDITION DIRECTLY LEADING TO DEATH  | 1 hant  |
| (This does not mean the made of dying e.g., (A)   | raise of Pareones   |
| heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)   |   |
| ANTECENENT CALLERS  |   |
| DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO   |   |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |   |
|   |   |
|   |   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE   |   |
| DISEASE OR CONDITION CAUSING IT,  |   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT,  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?                    |
|   | Yes   |
| UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Mageth) (Day) (Year) (May) 21E INTERPLY OCCUPATION  | in or about 21C, WHERE DID (If in Baltimare City, give exact location) affice bldg., INJURY OCCUR?                |
| Z 21D TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED   | 21F. HOW DID INJURY OCCUR?  |
| OF INJURY (APPROX.) WHILE AT   NOT  | WHILE [   |
| 22.   |   |
|   | and that on this basis, death In my opinion   |
| resulted from: Notural couses X Accident Suicid   |   |
| ACTUAL /// 1 5 -/-  | CHIEF MEDICAL EXAMINER DATE SIGNED  |
| SIGNATURE MAN M.D   | ASSISTANT MEDICAL EXAMINER X  |
| EXAMINER'S Werner U. Spitz, M.D.  | ASSOCIATE MEDICAL EXAMINER 9/5/67   |
| 23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY  | CREMATORY 23D. LACATION (City, lown, or county) (Stote)   |
| REMO (AL (Specify)  | 12 - 4 - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |
| 19  |   |
| Burial 9-7-67 Mt. Wulle   | urn Ballymere Md.   |
| 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR  | 24C. FUNERAL DIRECTOR ADDRESS   |
| 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR VS 151-REV. 1/1/65   | acquire of  |





| 67 8599 BALTIMORE CITY HEAL   | TH DEPARTMENT 67 9500   |
|---|---|
| BIRTH NO. MEDICAL EXAMINER'S CE   | ERTIFICATE OF DEATH Registered No.  |
| M.E. CASE NO.   |   |
| 1. NAME OF DECEASED K,  | 2. DATE AND HOUR PRONOUNCED DEAD  |
| LILLIAN DATES   | September 6, 1967   12:10 a m.  |
| 3. PLACE IN BALTIMORE, ARYLAND, WHERE PRONOUNCED DEAD   | September 6, 1967 12:10 a M.  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY                              |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)   | Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)   |
| 37 Mercy HOspital   | Baltimore D. STREET ADDRESS (If rurol, give locotion)   |
|   | 1224 Rossiter Ave. Apt. 3B  |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)  Female 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)  | 8. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY? |
| 13, FATHER'S NAME   | Maryland  |
| 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL  | 17. INFORMANT ADDRESS   |
| (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.  | LA +  |
| 216-28-642  | o Comman, Dales same  |
| IB. 330 X   | OF DEATH INTERVAL BETWEEN ONSET AND DEATH   |
| DISEASE OR CONDITION DIRECTLY   |   |
|   | rachnoid hemorrhage   |
| heart failure, authenia, etc. It means the disease, injury or complication which caused death.)   | upture of berry aneurysm  |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |   |
| (C)   |   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  |   |
| 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   | 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YES  YES   |
| 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, form, foctory, street, of etc.)  | in or obout 21C. WHERE DID (If in Boltimore City, give exact location)  |
| 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED   | 21F. HOW DID INJURY OCCUR?  |
| OF INJURY (APPROX.)  WHILE AT NOT V WORK AT W   | WHILE ORK   |
| 22  | opsy X and that on this basis, death in my opinion  |
| resulted from: Notural couses & Accident Suicide  |   |
| Total Constitution of the | CHIEF MEDICAL EXAMINER X  |
| ACTUAL 19 Myller  | ASSISTANT MEDICAL EXAMINER  |
| SIGNATURE M.D. EXAMINER'S   | ASSOCIATE MEDICAL EXAMINER  |
| NAME (Type) Russell S. Fisher, M.D.   | September 6, 1967   |
| 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OR REMOVAL (Specify)   | CREMATORY 23D. LOCATION (City, town, or county) (Stote)   |
| Burial, 9-9-67 ashutus  | Men. Sk. & alternare my.  |
| 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR  | 24C FUNERAL DIRECTOR ADDRESS  |
| SEP 11 1967, Robert Enterland   | Askingtones Thelips 1727 Moara  |
| VS 151-REV. 1/1/65  |   |



HOUS ENVITE

Merchen arons

fortune (Dl.)

Co Color Mines of the State of

| FULL NAME OF HOSPITAL OR INSTITUTION  JOHN  5. SEX FEMALE  10A. USUAL OCCU   | MARIA  TH IN BALTIMORE, MA  F (If not in hospitol oddiess or locations)  S HOPKINS I   | or institution, give   | : street                                    | 4. USUAL RESIDENCE (WHA. STATE RECOUNTS AND COLUMN AS THE RESIDENCE (WHA. STATE RESIDENC | ND.  outside city limits, write  ORE,  frurol, give locotion)   | nstitution: lesider                     |  |
|--|--|--|---|--|---|---|--|
| FULL NAME OF HOSPITAL OR INSTITUTION  3 JOHN  5. SEX FEMALE  10A. USUAL OCCI   | F (If not in hospital oddress or locations HOPKINS I   | or institution, give   |   | MARYLA C. CITY OR TOWN (IF & BALT IM D. STREET ADDRESS (I) 211 SO  | end deceased lived."If i<br>NT<br>ND.<br>justide city limits, write<br>ORE,<br>If rural, give location) |   |  |
| JOHN:  5. SEX FEMALE  10A. USUAL OCCI done during most of the second sec | S HOPKINS I  | HOSPITAL   |   | D. STREET ADDRESS (I) 211 SO   | ORE,  | RURAL ond give                          | 1-02                                     |
| 5. SEX FEMALE 10A. USUAL OCCI done during most of Nome   | 6. RACE WHITE  | 7. MARRIED NE  |   | 211 SO   |   |   | /  |
| FEMALE  10A. USUAL OCCI done during most of  | WHITE  |  | VER MARRIED                                 |  | . LLLWOOD   | ST.                                     |  |
| done during most of  |  | The second secon | 11 14 4 5 10 10 10 10 17                    | 1-10-1892  | 9. AGE (In years lost/bjenday)  | If Under 1 Y<br>Months Doy              | r. If Under 24 His<br>s Hours Min.       |
|  |  |  | JSINESS OR INDUSTR                          | 11. BIRTHPLACE (State or fo  | reign country)  | 12. CITIZEN WHAT C                      | OF<br>COUNTRY?                           |
|  |  | aglini   |   | 14. MOTHER'S MAIDEN N  | AME   |   |  |
| 15. Was Deceased<br>(Yes, no or unknown  | Ever in U. S. Armed For  | rces? 16   | SOCIAL<br>SECURITY NO.                      | 17. INFORMANT  | 2   |   | DRE55                                    |
| 18. 3.3  | 1 1  | 3.   | CAUSE (                                     | Mr. Frank F<br>DF DEATH<br>ebral Vascular  | raspa   | INTE                                    | RVAL BETWEEN<br>ET AND DEATH             |
| heart foilure,<br>injury or com<br>DISEASES Crise to the   | not mean the made of osthenio, etc. It meons uplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) & CONDITION last. | d death.)  | (B)   |  | A D D D D D D D D D D D D D D D D D D D   | 0 * 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 00 - 00 00 00 00 00 00 00 00 00 00 00 00 |
| TO THE D   | FICANT CONDITIONS CEATH BUT NOT RELACED TO CONDITION CAUSING OPERATION 198. CON  | ATED TO THE IT.  | None  | 20A. AUTOP5Y? (Yes or I  | No) 208. IF YES, WERE   | FINDINGS COI                            | NSIDERED                                 |
| OR CONTRIBL  | WAS PER  | 21 B. PL   | ACE OF INJURY (e.g., form, foctory, street, | in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  |   | re City, give exc                       |  |
| 21D. TIME<br>OF INJURY<br>(APPROX.)  | (Month) (Doy) (Year)   | (Hour) 21 E. IN<br>While<br>Work   | At Not We                                   | 21F. HOW DID IN  | NJURY OCCUR?  |   |  |
| that (I) (we)  | last saw the decease   | ed alive on  | 9/6   | 9/1<br>19 6 7 and<br>view the bady ofter death   | 1967 ta   |   |  |
| 23A. SIGNATU<br>23C. PHYSICIA<br>NAME (T   | of Dey D.  | Fould  | en IIM.D. App                               | tending Med. ys. Director  | Stoff Phys.   | 23B, DATE SI<br>9/6                     |  |
| Burial CRE   | MATION, 248, DATE  | 7 Oak  | RD. M.D. E OF CEMETERY OF C                 |  | Balto m   | City, town, or co                       | unty) (Stote)                            |

Combred Wascalar Accident 8 to 45 None ON Dudley D. Houlden II

Hay low placemen Bay & 1 Millet Breaking From much 100 13/1/2 Call & Buchalung 1/2/6

| ath.                                      | 3. P             | LACE OF DEA  | ATH IN BALTIMORE  | MARYLAND   |  | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A, STATE B, COUNTY  C. CITY OR TOWN (If outside city limits, write RURAL and give township) |   |  |   |  |
|---|------------------|--|---|--|--|--|---|--|---|--|
| to dec                                    | Н                | ULL NAME O<br>IOSPITAL OR<br>NSTITUTION  | F (If not in hos oddress or lo  | pital or institution<br>cation)  | , give street  |  |   |  |   |  |
| prior                                     | 4                | woon   | Memo  | RIAL 1   | HOSPITAL   | D. STREET ADDRES   | S (If rural, give location  FLEETW  | 07.00/   | AVE.                                    |  |
| ased<br>is mad                            | 5, 5             | F  | 6. RACE   | 7. MARRIE<br>WIDOW   | D, NEVER MARRIED ED, DIVORCED (specify)  REFD  | 8. DATE OF BIRTH 9/10/9  | 9. AGE (In years)   | Months Doys  | If Under 24 I<br>Hours Min              |  |
| dece<br>ition i                           | done             | Hous   | working life, even if ret   | ired)  | of Business or Industry<br>sewife  | MARY.  | UNND  | 12. CITIZEN OF WHAT COUL   | NTRY?                                   |  |
| on the<br>dispos                          | 13. F            | LNKN   | own) L  | ANGA   | LHAN   | 14. MOTHERS MA   | DOWN  |  |   |  |
|   |                  |  | Ever in U. S. Anne<br>(If yes, give wor of  |  | 16. SOCIAL<br>SECURITY NO.<br>216-05-0750  | Mr Mauric  | e Wood 4006 F   | ADDRES<br>Leetwood Aven  |   |  |
| LO B                                      |                  | 1B.42 O  | SE OR CONDITION   |  | CAUSE  | DE DEATH ASC   | UDE .   |  | L BETWEEN                               |  |
| gular afte                                |                  | (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coursed death) |   |  |  |  |   |  |   |  |
|   |                  | ANTECEDENT CAUSES  (B)  DUE TO  DUE TO   |   |  |  |  |   |  |   |  |
| 0   |                  |  | ANTECEDENT CA   | n 2E2  | DUE TO   | " I wond   | y sacos   |  | • ••••••••••••••••••••••••••••••••••••• |  |
| 2   |                  | DISEASES C   | OR CONDITIONS,  b obove couse  G CONDITION los  | if ony, givin  | g  | of frein   | - On  | range De   | mens /                                  |  |
|   | ATION            | DISEASES OF THE UNDERLYING   | R CONDITIONS,   | if ony, givin (A) stoling It I.  NS CONTRIBUTI RELATED TO  | g (C)  | of frein   | )   | ranul Je   | meng/                                   |  |
|   | RTIFICATION      | DISEASES OF THE UNDERLYING   | OR CONDITIONS, be obove couse G CONDITION los  II FICANT CONDITION EATH BUT NOT CONDITION CAUSI OPERATION [198.   | if ony, givin (A) stoling It I.  NS CONTRIBUTI RELATED TO  | g (C)  | 20A. AUTOPSY?  | Yes or Nol 20B. IF YES, V   | WERE FINDINGS CONSIDE G CAUSES OF DEATH?   | Meny I                                  |  |
|   | AL CERTIFIC      | OTHER SIGNI<br>TO THE D<br>DISEASE OR<br>19A. DATE OF  | OR CONDITIONS, be obove couse G CONDITION los  II FICANT CONDITION EATH BUT NOT CONDITION CAUSI OPERATION [198.   | if ony, givin (A) stoling It I.  NS CONTRIBUTI RELATED TO NG IT. PERFORMED  NG TO PERFORMED  | NG THE   | VES  | Yes or No) 208, IF YES, NIN CERTIFYING  | WERE FINDINGS CONSID   |   |  |
|   | MEDICAL CERTIFIC | OTHER SIGNI<br>TO THE D<br>DISEASE OR<br>19A. DATE OF  | OR CONDITIONS, B obove couse G CONDITION los  II FICANT CONDITION EATH BUT NOT CONDITION CAUSE WAS  NT WAS UNDERLYIL UTING CAUSE OF   | if ony, givin (A) stoling It I.  NS CONTRIBUTI RELATED TO NG IT. CONDITION FOI PERFORMED  NG   | NG THE  WHICH OPERATION  1B. PLACE OF INJURY (e.g., tome, form, foctory, street, come, form, for | in or obout 21C. WHE office bldg., INJURY O  | Yes or No) 208, IF YES, NIN CERTIFYING  | WERE FINDINGS CONSIDER CAUSES OF DEATH?  |   |  |
|   | MEDICAL CERTIFIC | OTHER SIGNITO THE DO DISEASE OR 19A. ACCIDED OR CONTRIBLIDEATH (nobify 121D. TIME OF INJURY (APPROX.)  22. I certify                         | OR CONDITIONS, B obove couse G CONDITION los  II FICANT CONDITION EATH BUT NOT CONDITION CAUSI OPERATION 198. WAS OPERATION 198. WAS UNDERLYII DIING CAUSE OF medicol exominet)  (Month) (Doy) (                            | if ony, givin (A) stoling It I.  NS CONTRIBUTI RELATED TO NOG IT. CONDITION FOI PERFORMED  NG   2 h e Yeor) (Hour) 2                     | NG THE  WHICH OPERATION  IB. PLACE OF INJURY (e.g., one, form, foctory, street, otc.)  IE. INJURY OCCURRED  While At Not Whit Al Work  The deceased fram   | in or obout 21°C. WHE shire bldg., INJURY of   | Yes or No) 208, IF YES, IN CERTIFYIN<br>RE DID (If in Bo                                    | WERE FINDINGS CONSIDE G CAUSES OF DEATH? Oltimore City, give exact li  | ocotion)                                |  |
| most be obtained before the remains are e | MEDICAL CERTIFIC | OTHER SIGNI TO THE D OISEASE OR 19A. DATE OF OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)             | OR CONDITIONS, B obove couse CONDITION los  II FICANT CONDITION EATH BUT NOT CONDITION CAUSI OPERATION IYBB WAS  NT WAS UNDERLY! UTING CAUSE OF medicol exominet  (Month) (Doy) (  that (I) (*his-hos                       | if ony, givin (A) stoling It I.  NS CONTRIBUTI RELATED TO NG IT. CONDITION FOI PERFORMED  Yeor) (Hour) 2  pital) attended eased alive an | NG THE  R WHICH OPERATION  I.B. PLACE OF INJURY (e.g., come, form, foctory, street, come, foctory, street, come, foctory, street, come, foctory, street, come, fo | in or obout 21C. WHE office bldg., INJURY of 21F. How  | Yes or No) 208, IF YES, YEN CERTIFYING RE DID (If in Both CCUR?  DID INJURY OCCUR?  1967 ta | WERE FINDINGS CONSIDE G CAUSES OF DEATH? Oltimore City, give exact li  | 19 rred an the d                        |  |
|   | MEDICAL CERTIFIC | OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) | OR CONDITIONS, s obove couse G CONDITION los  II  FICANT CONDITION EATH BUT NOT CONDITION (AUS) OPERATION (198. WAS  NT WAS UNDERLY!  UTING CAUSE Of medical examiner)  (Month) (Doy) ( that (I) (this has last saw the dec | if ony, givin (A) stoling It I.  NS CONTRIBUTI RELATED TO NG IT. CONDITION FOI PERFORMED  Yeor) (Hour) 2  pital) attended eased alive an | NG THE  WHICH OPERATION  IB. PLACE OF INJURY (e.g., come, form, foctory, street, come, form, foctory, s | in or obout 21C. WHE injury of 21F. How  | Yes or No) 208. IF YES, NIN CERTIFYIN  RE DID CCUR?  DID INJURY OCCUR?  2 and that In(my) ( | were findings considered to consider the considered considered considered to considered the considered considered considered to considered cons | 19 Prized an the d                      |  |

24 . 6 MILLIAN 19 HOLDSWIFE (VEXELUE) LAWSBURHER Jednowy rouse 12.11.00 11.55

LENGT . TURNEL

SATING SWILL BUILD BUILD ENV.

Grebrial or impranded afort 1 was Judgelen ver Mountons 1 may ago Presembran 3 who were

8 3 10/07 Biolos June 18

Thromas C. Butter

13/4/61 THOMAS C. BUTLER 601 N GROADWAY

67. 8605 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8605

| M.E. CASE NO.                              |  |                |                            |                    |  |                                       |
|--|--|----------------|----------------------------|--------------------|--|---------------------------------------|
| 1. NAME OF DE                              | CEASED   | DADDADA        | DUCEN                      |                    | 2. DATE AND HOUR PRONOUNCED DEA                                      |                                       |
|  |  | BARBARA        | RUSEN                      |                    | September 6, 1967  | 3:14 P. M.                            |
| 3. PLACE IN BAL                            | TIMORE, MARYLAND, W                              | VHERE PRONOU   | NCED DEAD                  | A. STATE           | DENCE (Where deceased lived, If institution: B. COUNTY Maryland      | Baltimore                             |
| FULL NAME OF<br>HOSPITAL OR<br>INSTITUTION | (IF NOT IN HOSPIT<br>ADDRESS OR LOCA             | AL OR INSTITU  | TION, GIVE STREET          | C. CITY OR TO      | OWN (If autside carparale limits, write RURA)                        | L and give tawnship)                  |
| 23   | T-1 II 1   | 77 14          | 1                          |                    | Fullerton  | 33-00                                 |
| 2  | Johns Hopkins                                    | s Hospit       | a1                         |                    | ORESS (If rural, give location) 700 Dale Avenue 2120                 | 16                                    |
| 5. SEX                                     | 6. RACE  | 7. MARRIED.    | NEVER MARRIED              | B. DATE OF BIR     | TH 9. AGE (In years   If Ur  | nder 1 Yr. If Under 24 Hrs.           |
| Female                                     | White  | WIDO WED, D    | ngle                       | 7-24-1             | last birthday) Mant  | hs Days Haurs Min.                    |
| IOA. USUAL OCC                             |  |                |                            |                    | (State or foreign country) 12. CI                                    | TIZEN OF                              |
| Stude                                      |  | St             | udent                      | falti              | more City Md. U.   | S.A.                                  |
| 13. FATHER'S NA                            | WE   |                | TENT BE I                  | 14. MOTHER'S       | MAIDEN NAME  |                                       |
|  |  | B. Ruse        |                            |                    | Beathrice L. Am  | ersbach                               |
|  | ED EVER IN U.S. ARM EI                           |                | 16. SOCIAL<br>SECURITY NO. | 17. INFORMANT      | ADD  | ESS                                   |
| No   |  |                | None                       | Mr Edwa            | rd B. Rusen 700 Dale Av  | enue #6                               |
| 18.  | 02.0   |                | CAU                        | SE OF DEATH        |  | INTERVAL BETWEEN                      |
| DISEA                                      | SE OR CONDITION D                                | IRECTLY        |                            |                    |  | ONSET AND DEATH                       |
|  | LEADING TO DEATH                                 | Н              | (A)                        | Multiple           | traumatic injuries   |                                       |
| heart lailure                              | nat mean the made at<br>, asthenia, etc. It mean | s the disease. | DUE TO                     |                    |  | • • • • • • • • • • • • • • • • • • • |
| injury or co                               | implication which caused                         | death.)        |                            |                    |  |                                       |
|  | ANTECEDENT CAUSE                                 | S              |                            |                    |  |                                       |
| DISEASES                                   | OR CONDITIONS, IF                                | ANY, GIVING    | DUE TO                     |                    |  |                                       |
|  | TE ABOVE CAUSE (A) S<br>NG CONDITION LAST.       |                |                            |                    |  |                                       |
| 1  |  |                | (C)                        |                    |  |                                       |
| 2  | 11   |                |                            |                    |  |                                       |
| OTHER SIC                                  | INFICANT CONDITIONS                              |                |                            |                    |  |                                       |
| E DISEASE C                                | DEATH BUT NOT RE<br>OR CONDITION CAUSING         |                |                            |                    |  |                                       |
| OTHER SIGN TO THE DISEASE OF 19A. DATE O   | F OPERATION 198. CON<br>WAS PER                  | NDITION FOR V  | VHICH OPERATION            |                    | Y? (Yes at Na) 208. IF YES, WERE FINDINGS<br>IN CERTIFYING CAUSES OF |                                       |
| -  | X CAUSE WAS                                      | 218 1          | PLACE OF INJURY (e.g.      | No in at about 21C | WHERE DID (If in Boltimare City give exact                           | t location)                           |
| UTING CAL                                  | OR CONTRIB-                                      | hame,          | farm, factory, street,     | affice bldg., INJU | WHERE DID (If in Boltimore City, give exact SOO') Dale               | Avenue behind                         |
| Σ Σ  |  |                |                            |                    | lmwood Elementary Schoo  | 1 - Baltimore                         |
| OF INJURY                                  | (Manth) (Day) (Yed                               | 0 0            | E. INJURY OCCURRED         |                    | TOW DID INJURY OCCUR?  | County                                |
| (APPROX.)                                  | 9-6-67 2:40                                      | 0 P. w         | HILE AT NOT                | WORK TE            | ell to ground from high  | pole.                                 |
| 22.<br>I cer                               | tify that I held an                              | Inquiry 🗌      | Inspection X A             | utopsy             | nd that on this basis, death in my opin                              | ılon                                  |
| resu                                       | Ited from: Notural co                            | ouses A        | ccident X Suici            | ide Homie          | undetermined monner  |                                       |
|  | 01 1   | , 0            | . 0                        | CHIEF              | MEDICAL EXAMINER   |                                       |
| ACTUA                                      |  | 8 5.           | get M.                     |                    | MEDICAL EXAMINER X   | DATE SIGNED                           |
| EXAMI<br>NAME (                            | NER'S Charles                                    | s S. Spr       | ingate, M.D.               |                    |  | tember 7, 196                         |
| 23A, BURIAL CRI<br>REMOVAL (Speci          | EMATION, 238. DATE                               | 230            | NAME OF CEMETERY           | ar CREMATORY       | 23D. LOCATION (City, town,   | ar caunty) (State)                    |
| Burial                                     | 9-9-19   | 967            | ardens of F                | aith Ceme          | tery Baltimore Co.   | Md.                                   |
|  | BY HEALTH DEPT.                                  |                | OF REGISTRAR               |                    | RAL DIRECTOR   | ADDRESS 2                             |
|  | SEP 1 1 196                                      | 1 Palm         | 6 E. Fasher                | lole of            | A 7  | 50                                    |
|  |  | 1000           |                            | das                | salm tuneral hon   | 2740/Belay                            |

VS 151-REV. 1/1/65

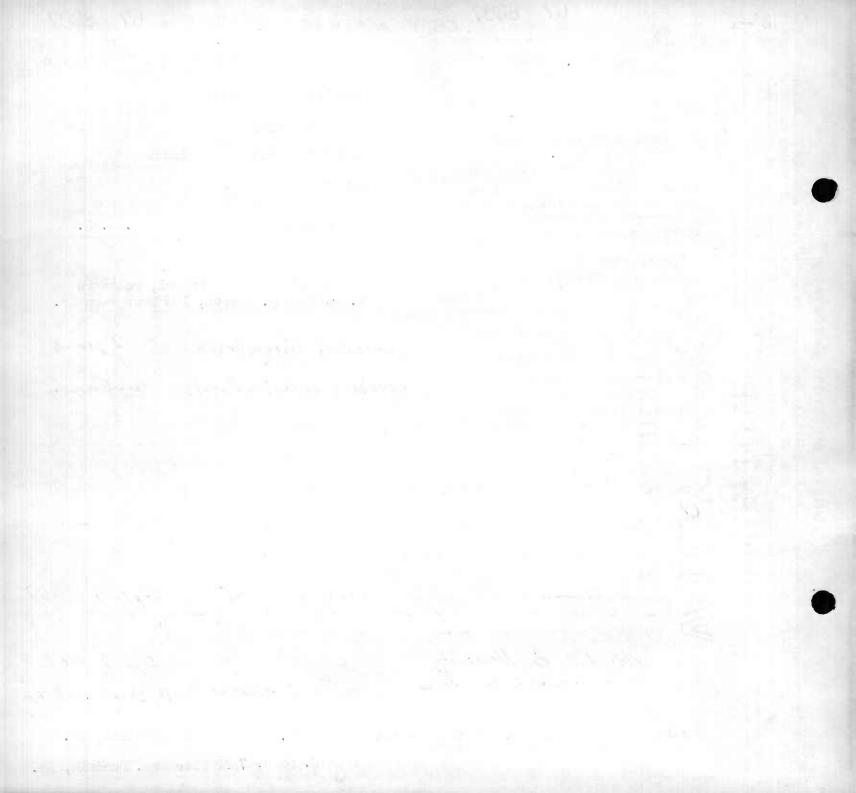
67 8606 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N.67 8606

| M.E. CASE NO.  1. NAME OF DECEASED  | Frank L. Neville Sr.   | 12.0                      | ATE AND HOUR PRONOUNG                       | CED DEAD                                 |
|---|--|---------------------------|---|--|
| tiype of rithii   |  |                           |   |  |
| FRANK MEVILLE 3. PLACE IN BALTIMORE, MARYLAND, W  | HERE PRONOUNCED DEAD   | 4. USUAL RESIDENCE        | September 8, 19                             | stitution: residence before admission)   |
| ,   | THE THOUSAND DEFINE  |                           |   | stitution: residence before odmission)   |
| FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOCA  | AL OR INSTITUTION, GIVE STREET                                   | Maryda<br>c. city or town | NO<br>lit outside corporate limits, wri     | Baltimore () te RURAL ond give township) |
| INSTITUTION   | ( IION)  |                           |   | 53-00                                    |
| 10  |  | Baltimore                 | - Dundalk (If rurol, give location)         | 03-00                                    |
| + 0 Maryland General  | Hospital   | D. STREET ADDRESS         | (II futoi, give tocolion)                   |  |
| 5. SEX   6. RACE  | TZ AAABBIED NIGUER AAABBIED                                      | B. DATE OF BIRTH          | ar Ave.                                     | If Under 1 Yr, If Under 24 Hrs.          |
| 5. SEX 6. RACE  | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)            |                           | lost birthdoy)                              | Months Doys Hours Min.                   |
| Male White  | Divorced   | 6/11/04                   | 63  |  |
| tOA, USUAL OCCUPATION (Give kind of wordone during most of working life, even if retired)                         | A TOB. KIND OF BUSINESS OR INDUSTRY                              | 11. BIRTHPLACE (Stote     | or foreign country)                         | 12. CITIZEN OF WHAT COUNTRY?             |
| Coal Miner  |  | Pennsylva                 |   | U. S. A.                                 |
| 13. FATHER'S NAME   |  | 14. MOTHER'S MAIDE        | N NAME                                      |  |
| John Neville  |  | Catherine                 | Masemore                                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMEE   |  | 17. INFORMANT (So         | n) Dun                                      | ndalk, Md. 21222                         |
| No  | 187/01/0438  |                           | . Neville Jr.                               |  |
| 18.   |  | OF DEATH                  | A. MCATTTE OI.                              | 7424 Poplar Ave.                         |
|   | CAOSE  | OF DEATH                  |   | ONSET AND DEATH                          |
| DISEASE OR CONDITION D  |  |                           |   |  |
| LEADING TO DEATH  | (A) Subu   | ural hematom              | na, old, remote,                            | , right                                  |
| (This does not mean the mode of<br>heart failure, astheria, etc. It means<br>injury or complication which caused  | dying, e.g., DUE TO  |                           |   |  |
| injuly of complication which coused   | deom,  |                           | 7   |  |
| ANTECEDENT CAUSE  | S (8)  |                           |   |  |
| DISEASES OR CONDITIONS, IF A  | ANY, GIVING DUE TO   |                           |   | , 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |
| UNDERLYING CONDITION LAST.  |  |                           |   |  |
| Z   | (C)  |                           |   |  |
| II  | CONTRIBUTING   |                           |   |  |
| OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON |  | ic Valvular               | Stanosis                                    |  |
| DISEASE OR CONDITION CAUSING  | 0 11.  |                           |   |  |
| 19A. DATE OF OPERATION 19B. CON   | REFORMED   | 20A. AUTOPSY? (Yes        | OF NO) 20B. IF YES, WERE FIN CERTIFYING CAL |  |
| -1/2  |  | YES                       |   |  |
| O UNDERLYING NOR CONTRIB-   | 21 B. PLACE OF INJURY (e.g., i<br>home, form, foctory, street, o | line bldg., INJURY OC     | CUR?  | give exoct location!                     |
| UNDERLYING MOR CONTRIB-   | etc.) Street   | 2                         |   | 00-00                                    |
| 21D TIME (Month) (Doy) (Yea   |  | 21 F. HOW 1               | DID INJURY OCCUR?                           |  |
| (APPROX.) ann / months  | agotem. WHILE AT AT W  | WHILE X In a              |   |  |
| 22.   | agotem, WORK AT W  | ORK [X] In a              | utomobile accid                             | ent                                      |
| I certify that I held on  | Inquiry Inspection Aut   | opsy X and the            | ot on this basis, deoth in                  | my opinion                               |
| resulted from: Notural-co   | ouses Accident X Suicide   | e Homicide                | Undetermined moni                           | ner                                      |
| ()  | 1  | The second                | CAL EXAMINER X                              |  |
| ACTUAL //   | Faller.  |                           |   | DATE SIGNED                              |
| SIGNATURE VIVE  | M. D.  | ASSISTANT MEDIC           |   |  |
| EXAMINER'S  |  | ASSOCIATE MEDI            | CAL EXAMINER                                | Contombon 0 106                          |
| NAME (Type) Rus   | ssell S. Fisher, M.D.  | CREAMATORY                | 23 D. LOCATION (Cit                         | September 9, 1967                        |
| REMOVAL (Specily)   |  |                           |   | **                                       |
| Burial 9/12/  | 67 Odd Fellows C   | emetery                   | Broad Top CIL                               | y, Huntingdon Co.<br>Pennsylvan          |
| 24A. DATE REC'D BY HEALTH DEPT.   | 24B NAME OF REGISTRAR  | 24C. FUNERAL D            | IRECTOR                                     | ADDRESS                                  |
| SEP 1 1 1967  | DORO ZAD WA  | John J. I                 | Ouda, 7922 Wise                             | Ave. Dundalk, Md.                        |

A PART OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF TH

| 1,                          | and<br>eath<br>assed<br>Such   |
|-----------------------------|--|
|                             | o the hospital by a medical examiner. Also, if the direct or contributing cause of death of the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the jand (6) No physician was in regular attendance on the deceased prior to death. Such e obtained before the remains are embalmed or final disposition is made.  |
|                             | d in a ling cau cause; attend rior to  |
|                             | ntributi<br>rmined<br>egular<br>ased p   |
|                             | death or co<br>Undete<br>as in r<br>e dece   |
| ANT                         | e directed; (4) eath we on the   |
| PORT                        | o, if th<br>fany ki<br>nced d  |
| R: IN                       | er. Als<br>cture o<br>pronou<br>lar atte   |
| FUNERAL DIRECTOR: IMPORTANT | examinexamin 3) A fra ho n who in regu   |
| AL DI                       | medical<br>edical<br>burns; (<br>hysiciai<br>n was i   |
| UNER                        | by a m<br>by a m<br>() Body<br>e the p<br>ohysicia   |
|                             | d by the spital ture; (2 t where 6) No pered befored   |
| •                           | any na<br>(excep<br>; and (e   |
|                             | eased to<br>dent of<br>nospital<br>death)  |
|                             | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. |
|                             | body vws: (1) s D.O.A seased then ap   |
|                             | Thi<br>the<br>sho<br>wa  |

| M.E. CASE NO.    |  | 860            | CERTIFICA                         | TE OF DEATH  | Registered Na              |                                       |  |  |
|------------------|--|----------------|-----------------------------------|--|----------------------------|---------------------------------------|--|--|
| . NAME OF DEC    | CEASED   |                |                                   | 2. DATE A  | ND HOUR OF DEATH           | 1                                     |  |  |
| Type or Print)   | BESSIE P. MO   | RGAN           |                                   | 5  | CPT 9                      | 1967 7:30 a                           |  |  |
| B. PLACE OF DE   | ATH IN BALTIMORE MA                                  |                |                                   | A. USUAL RESIDENCE (Wh   | ere deceased lived. If     | institution: residence before admissi |  |  |
| TEACE OF DE      | ATTI III DALIIII OKĘ IIIA                            | NI EAITO       |                                   | SEPT. 9 1967 7:30 Q.  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE  B. COUNTY |                            |                                       |  |  |
| FULL NAME        | OF (If not in haspital                               | or institution | ave steet                         | Maryland B   | Baltimore (                |                                       |  |  |
| HOSPITAL OR      | address or location                                  |                | give sincer                       | C. CITY OR TOWN (If o  | outside city limits, write | RURAL and give tawnship)              |  |  |
| INSTITUTION      |  |                |                                   |  | · ·                        | 1/ 0                                  |  |  |
| O Moun           | + ( 000000 ] 000000                                  | L TImms        |                                   | Sparrows Poin  | 10                         | 53-00                                 |  |  |
|                  | t Convalescen  | r nome         |                                   | D. STREET ADDRESS (If rurol, give location)  |                            |                                       |  |  |
| 3700             | Nortonia R.  |                |                                   | 809 "E" Stree  | t 21                       | 219                                   |  |  |
| . SEX            | 6. RACE  | 7. MARRIED     | NEVER MARRIED                     | B. DATE OF BIRTH   | 9. AGE (In years           | If Under 1 Yr. , If Under 24          |  |  |
| Female           | White  | WIDOWE         | D, DIVORCED (specify)             |  | lost birthdoy)             | Months Days Hours Mir                 |  |  |
| remate           | MILLIE   | Wic            | IOM                               | 9/17/85  | 81                         |                                       |  |  |
| A. USUAL OCC     | UPATION (Give kind of work                           | 108, KIND C    | F BUSINESS OR INDUSTRY            | 11. BIRTHPLACE (State or for   | reign country)             | 12. CITIZEN OF                        |  |  |
|                  | working life, even if retired)                       |                |                                   | Manual and   |                            | WHAT COUNTRY?                         |  |  |
| Housewi          | fe   |                |                                   | Maryland   |                            | U. S. A.                              |  |  |
| 3. FATHER'S NA   | ME   | 1              |                                   | 14. MOTHER'S MAIDEN N.   | AME                        |                                       |  |  |
|                  |  |                |                                   |  |                            |                                       |  |  |
| Conra            | d Zink   |                |                                   | Amanda ??  |                            |                                       |  |  |
| . Wos Decease    | d Ever in U. S. Armed For                            | ces?           | 1 6. SOCIAL                       | 17. INFORMANT  | Tai                        | el, Delaware                          |  |  |
| es, na ar unknow | n) (If yes, give war ar date                         | s of service)  |                                   |  |                            |                                       |  |  |
| No               |  |                | None                              | Mr. Dwinton O.   | Morgan, 10                 | B Evergreen Dr.                       |  |  |
| 1B. 🖘 🦠          | O VI   |                | CAUSE O                           |  |                            | INTERVAL BETWEEN                      |  |  |
| 18.33            |  |                |                                   |  |                            | ONSET AND DEATH                       |  |  |
| DISEA            | SE OR CONDITION DI                                   | RECTLY         |                                   | erebral thrombosis 2 years<br>ebral arteriosclerosis unknown   |                            |                                       |  |  |
|                  | LEADING TO DEATH                                     |                | (A)                               | repral Inro  | 1400515                    | Lyws                                  |  |  |
|                  | nal meon the made of                                 |                | , DUE TO                          |  |                            |                                       |  |  |
|                  | , asthenia, etc. It means<br>mplication which caused |                |                                   |  | , .                        |                                       |  |  |
|                  |  |                | eer.                              | ebrul arteri   | osclerosis                 | unknown                               |  |  |
|                  | ANTECEDENT CAUSES                                    |                | DUE TO                            |  |                            |                                       |  |  |
| DISEASES         | OR CONDITIONS, if                                    | any, giving    | 1                                 |  |                            |                                       |  |  |
| tise to th       | ne above cause (A)                                   | stating the    | (C)                               |  |                            |                                       |  |  |
| UNDERLYIN        | G CONDITION last.                                    |                |                                   |  |                            |                                       |  |  |
|                  | 11   |                |                                   |  |                            |                                       |  |  |
| Z OTHER SIGN     | III  | ONTRIBLITIE    | 1G                                |  |                            |                                       |  |  |
| E TO THE         | DEATH BUT NOT RELA                                   | TED TO T       |                                   |  |                            |                                       |  |  |
|                  | CONDITION CAUSING                                    |                |                                   | 184  | U. U. 000                  |                                       |  |  |
| 19A. DATE O      | F OPERATION 198. CON                                 | DITION FOR     | WHICH OPERATION                   | 20 A. AUTOPSY? (Yes or I   | IN CERTIFYING              | FINDINGS CONSIDERED AUSES OF DEATH?   |  |  |
|                  | TYMS FER   | Chitico        |                                   | NO   |                            |                                       |  |  |
| W II             | ENT WAS UNDERLYING                                   | 21             | B. PLACE OF INJURY (e.a., in      | or obout 21C. WHERE DID  | (If in Boltim              | are City, give exact location)        |  |  |
| OR CONTRIB       | UTING CAUSE OF                                       | ho             | me, farm, factory, street, of     | fice bldg., INJURY OCCUR?  | 2000                       | .,,,                                  |  |  |
| DEATH (notil     | y medical exominer                                   | et             | c.)                               |  |                            |                                       |  |  |
| 21 D. TIME       | (Manth) (Day) (Year)                                 | (House 21      | E. INJURY OCCURRED                | 21F. HOW DID IN  | NIURY OCCUP?               |                                       |  |  |
| OF INJURY        |  |                |                                   |  |                            |                                       |  |  |
| (APPROX.)        |  |                | hile At Not While                 |  |                            |                                       |  |  |
|                  |  |                |                                   |  |                            | 0. 10 1                               |  |  |
| 22. I certif     | y that (I) <del>(this hospita</del>                  | l) attended    | the deceased fram                 | APTIL 7  | 19(e) ta                   | Sept. 9 196,                          |  |  |
| that (I) (we     | ) last saw the decease                               | d alive an     | Sept 2                            | 1967 and   | that In(mv) (our) a        | pinian death accurred an the          |  |  |
|                  |  |                | / /                               |  |                            |                                       |  |  |
| and hour as      | nd fram the causes sta                               | ted obave.     | (I) ( <del>We</del> ) (did nat) v | riew the body after deoth  | 1.                         |                                       |  |  |
| 23A. SIGNAT      | URE  | 0 0            | 1                                 |  |                            | 23 B. DATE SIGNED                     |  |  |
|                  | Alland 1   | 3 He           | exects M.D. Atte                  | ending Med.  | Staff                      | C.1 9 1947                            |  |  |
|                  | continu.   | . /            | M.D. Atte                         | s. Director  | Phys.                      | toler                                 |  |  |
| 23 C. PHYSICI    | ANS ABRAHAN  | NRL            | INRWITT                           | 23D. ADDRESS   | - 0                        | Sept. 9, 1967<br>DALTIMORE M          |  |  |
| NAME             | Type / Production                                    | , -, N         | AAD.                              | 7501418  | ERTY ROA                   | O BALTIMONE IM                        |  |  |
|                  |  |                | M.D.                              | , 5  |                            | - 1 - 1 - 1 more of our               |  |  |
| 4A. BURIAL CR    | EMATION, 248. DATE                                   | 24C.1          | AME of CEMETERY of CRE            | MATORY 24D.  | LOCATION                   | City, town, or county) (Sto           |  |  |
| REMOVAL          | (Specify)  | 7 1            | 3/-13 3: .                        | 01- 1-0  |                            |                                       |  |  |
| Burial           | 9/12/6   | Jes            | sops Methodist                    | Church Cem   | Coci                       | keysville, Md.                        |  |  |
|                  |  |                |                                   |  | _                          |                                       |  |  |
| SA. DATE REC"    | D BY HEALTH DEPT.                                    | 25B. NAME      | OF REGISTRAR                      | 25C. FUNERAL DIRECTO   |                            | ADDRESS                               |  |  |
|                  |  | 25B. NAME      | OF REGISTRAR                      |  |                            |                                       |  |  |
|                  | SEP 11 1967  | 25B. NAME      | OF REGISTRAR                      |  |                            | Ave. Dundalk, M                       |  |  |



IMPORTAN

DIRECTOR:

FUNERAL

Legisla official enc detagral wody-en 1898 E BERNETON IRENE MARSON 22022-5403 milion continues back-section

plant kalifornalni marektarektekte pagaja ili mon iliji ng ocara;

Diese Make prolong Brown Dalle Marches & Port of States - 1

| M.E.   | CASE NO.   |  |   |   |  |  |   |                              |  |
|--|--|--|---|---|--|--|---|------------------------------|--|
| 1. Na<br>(Type   | AME OF DEC   |  | PHINE N   | 1UCHLA  |  |  | hour pronounce<br>aber 3, 1967                              |                              | 9:30 A.                                      |
| FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  Church Home & Hospital |  |  |   |   | A. USUAL RESIDENCE (Where deceosed lived, If institution: residence bolore odmission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 2616 Foster Avenue  |  |   |                              |  |
| 5. SE  | emale  | 6. RACE<br>White   |   | NEVER MARRIED<br>DIVORCED (specily)   | 8. DATE OF BI  |  | 9. AGE (In years lost birthday)                             |                              | Yr. If Under 24 Hrs.<br>Doys Hours Min.      |
| 13. FA   | JSUAL OCCI<br>during most of v<br>HOM<br>ATHER'S NAM<br>MICHA<br>AS DECEASE  | UPATION (Give kind of wor<br>working lite, even if retired)<br>EMAKER  | VORS K  | BUSINESS OR INDUSTI   | 14. MOTHER'S   |  | country)  | ADDRESS                      | N OF COUNTRY?                                |
|  | (This does reheard foilure, injury or con  | SE OR CONDITION DI<br>LEADING TO DEATH<br>not meon the mode of<br>osthenio, etc. It meon<br>implication which coused<br>ANTECEDENT CAUSE<br>OR CONDITIONS, IF<br>E ABOVE CAUSE (A) S<br>NG CONDITION LAST.   | dying, e.g.,<br>the disease,<br>death.)  S  ANY, GIVING | Hyperte   | EE OF DEATH<br>ensive and<br>diovascul   |  | osclerotic<br>se  |                              | INTERVAL BETWEEN ONSET AND DEATH             |
| MEDICAL CE   | TO THE DISEASE OF PART APPROX.)  11 Cerresul  ACTUAL SIGNAT  EXAMIN NAME (   | WAS PER WAS OR CONTRIB-ISE OF DEATH.  (Month) (Doy) (Year Was of Death Contributed from: Natural | Inquiry uses X  | PLACE OF INJURY (e.g., form, foctory, street,  IE. INJURY OCCURRED  WHILE AT NOT AT Suici  Inspection X Au  ccident Suici | white was a contract of the co | WHERE DID  WHERE DID  IRY OCCUR?  HOW DID INJU  IND CIDE U  MEDICAL EX  MEDICAL EX | s basis, death in r<br>Indetermined mann<br>AMINER AMINER K | ve exoct loc  ny apinion  er | DATE SIGNED                                  |
| REM  | BURIAL CRE OVAS (Specification of the control of th | y) 1 1   | -67 S   | ACRES TEA   | RT OF JA   | ESUS ERAL DIRECTOR   | ALTIMON KACZARAN  | . A                          | Ounty) (Stote)  MD  DDRESS  25-25  CLEFT  ST |
| VS 1   | 51-REV. 1/1/   | 65   | 1 0   | 6/6   |  | 6 9 0  | INCLETION   | 03/11                        | 1-LEET OF                                    |

3-19-1896 1 Bureat 9-6-67 Stores HEAR of Jons BARTIMORE MER.

BALTIMORE CITY HEALTH DEPARTMENT

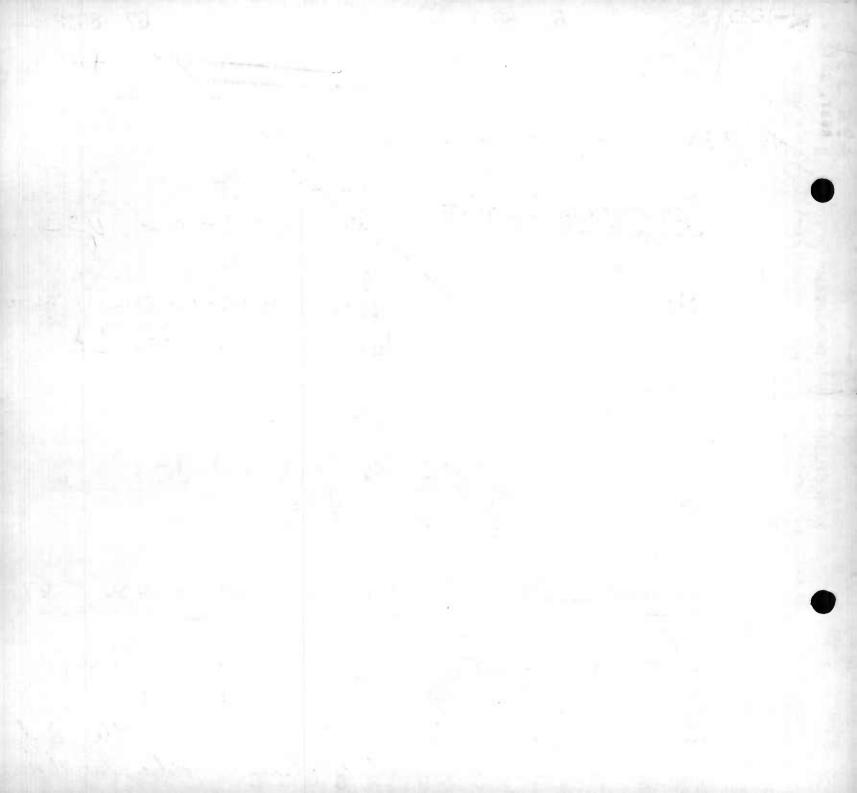
26 62,12/3 MUSHER ANDERSON REMINE THE LINKSLE FROM CO MIL. The propagate and the same of the

67. 8611 BALTIMORE CITY HEALTH DEPARTMENT

| BIRTH N           | o. MED   | ICAL EX                | AMINER'S C   | ERTIFICATE O             | OF DEATH Regi                                | Fered No. 67 8611                             |
|-------------------|--|------------------------|--|--------------------------|--|---|
|                   | ASE NO,  |                        |  |                          |  |   |
| 1. NAN            | Print) HARI  | RY GOT                 | TESFIELD   |                          | te and hour pronoun<br>eptember 6, 19        |   |
| 3. PLAC           | E IN BALTIMORE, MARYLAND, W  | HERE PRONOU            | INCED DEAD   | 4. USUAL RESIDENCE       | Where deceased lived, If i                   | nstitution: residence before odmission) OUNTY |
| FULL N<br>HOSPITA | AME OF (IF NOT IN HOSPIT)<br>AL OR ADDRESS OR LOCATION   | AL OR INSTITU          | TION, GIVE STREET                                  |                          | slvania outside corporote limits, w          | nite RURAL and give township)                 |
| 40                |  |                        |  | Phila-                   | delphia If rurol, give locotion)             | V-53  |
| 90                | Sinai Hospital   |                        | (DOA)  | 482 W                    | . Airdri Stree                               | et  |
| 5. SEX            | 6. RACE  |                        | NEVER MARRIED<br>DIVORCED (specify)                | B. DATE OF BIRTH         | 9. AGE (In you lost birthdoy)                | Months Doys Hours Min.                        |
| Ma]               | e White JAL OCCUPATION (Give kind of work  | TOB. KIND OF           | BUSINESS OR INDUSTR                                | YII. BIRTHPLACE (Side of | r foreign country)                           | 12. CITIZEN OF                                |
| -                 | ng most of working lite, even if retired)  | STATE                  | OF PA  | PHILA                    | Pa   | WHAT COUNTRY?                                 |
|                   | ER'S NAME  |                        | V F  | 14. MOTHER'S MAIDEN      | NAME   |   |
| 15. WAS           | DECEASED EVER IN U.S. ARMED  | FORCES?                | 16. SO CIAL  | 17. INFORMANT            |  | ADDRESS                                       |
|                   | orunknown) (If yes, give wor or dote   |                        | SECURITY NO.                                       |                          |  |   |
| 18.               |  |                        | 186-03-3699  | MRS JEANNE               | ZALESKY                                      | TOIGEMMANT AVE                                |
| R                 | ANTECEDENT CAUSE: DISEASES OR CONDITIONS, IF A ISE TO THE ABOVE CAUSE (A) ST NDERLYING CONDITION LAST. | NY, GIVING             | (B)(C)   |                          |  |   |
| S I               | OTHER SIGNIFICANT CONDITIONS O THE DEATH BUT NOT REPORTED TO SEASE OR CONDITION CAUSING                | LATED TO TH            | NG<br>HE   |                          |  |   |
| 19A.              | DATE OF OPERATION 198, CON   |                        | WHICH OPERATION                                    | 20A. AUTOPSY? (Yes       | or No) 20B, IF YES, WERE<br>IN CERTIFYING CA |   |
| OUND              | EXTERNAL CAUSE WAS<br>DERLYING OR CONTRIB-<br>NG CAUSE OF DEATH.                                       | 21 B.<br>home<br>etc.) | PLACE OF INJURY (e.g.,<br>, form, foctory, street, |                          | DID (If in Boltimoro City,<br>UR?            | give exoct location)                          |
| 21 D<br>OF 1      | TIME (Month) (Day) (Yeor<br>NJURY<br>PROX.)  | W                      | VHILE AT NOT                                       | WHILE VORK               | D INJURY OCCUR?                              |   |
| 22.               | I certify that I held on I   | pro-ra                 |  | F                        | on this bosis, deoth is                      | n my opinion                                  |
|                   | resulted from: Notural co  | uses X                 | ccident Sujcio                                     |                          | Undetermined mo                              | nner 🗌  |
|                   | ACTUAL SIGNATURE Charles   | J.J.                   | al M.C   | . ASSISTANT MEDICA       | anna.  | DATE SIGNED                                   |
|                   | EXAMINER'S Charles   | s S. Spr               | ingate, M.D.                                       | ASSOCIATE MEDIC          | AL EXAMINER                                  | September 7, 19                               |
| REMOV             | RIAL CREMATION, 23B DATE AL (Specify)  | 167 230                | C. NAME OF CEMETERY                                | OF CREMATORY             | PHILA,                                       | ity, town, or county) (State)                 |
|                   | TE REC'D BY HEALTH DEPT.   | 24B, NAME              | OF REGISTRAR                                       | 24C. FUNERAL DIR         | ECTOR  | ADDRESS                                       |
|                   | SEP 1 1 1967   | 100                    | 8-8 Fal. 4   | 5.0-                     | 5. Parina 15                                 | mile Garrage                                  |

| 111111111111111111111111111111111111111 | TH NO. E CASE NO.  67. 8612 CERTIFICA  | TE OF DEATH Registered No. 67 861  |
|---|--|--|
| 1.1<br>(Ty                              | NAME OF DECEASED  Poe or Print)  KATE W. ROBY  | 2. DATE AND HOUR OF DEATH 196 4:10   |
|   | PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give stroot oddross or location)  INSTITUTION  | 4. USUAL RESIDENCE (Where decoased fived, if institutions residence before A. STATE B. COUNTY MARYLAND PRINCE GEORGE  C. CITY OR TOWN (If outside city limits, write RURAL and give township   |
| 33                                      | JOHNS HOPKINS HOSPITAL   | D. STREET ADDRESS (If rurol, give locotion) 111807 GUNPOWDER ROAD  |
|   | SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED  | B. DATE OF BIRTH  10-28-95  9. AGE (In years   If Under 1 Yr. If Under 1 Yr. Hours   10-28-95  |
| 12                                      | A. USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTRY  OUSEWIFE OWN FE   | 11. BIRTHPLACE (State or foreign country)  DEGRAFF OHIO  12. CITIZEN OF WHAT COUNTRY?  U.S.  14. MOTHER'S MAIDEN NAME  |
| odsii                                   | WILLIAM WALKER  Was Deceased Ever in U. S. Armod Forces?   16. SOCIAL  | ALICE KRESS  17. INFORMANT ADDRESS   |
| (Y e                                    | SECURITY NO.   | JOHNS HOPKINS HOSPITAL DAL   |
| are embalmed or                         | DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the | AS CVD Myrantel ONSET AND O  |
| remains<br>ATION                        | UNDERLYING CONDITION last.   | eading, Rheumstry 147 D.   |
| certific                                | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  | 20A. AUTO YY! (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  |
| CAL                                     | OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)  home, form, factory, street, offetc.)  | or obout \$1C. WHERE DID (If in Boltimore City, give exact location lidg., INJURY OCCUR?   |
| MEDI                                    | 21 D. TIME (Month) (Doy) (Yoor) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work   |  |
| pe opt                                  | 22. 1 certify that (1) (this hospital) attended the deceased fram that (1) (we) lost saw the deceased alive on AVS 30  | ANG 24 1967 to ANG 30 1  |
| approval must                           | 23 C. PHYSICIAN'S NAME (Typot  | nding Mod. Stoff Phys. Stoff S |
| 5                                       | HARRY K. GENANT M.D.  A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE  DUTE 1 9267-UNION CALLED COMMENT OF CRE  A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR   |  |
| 3                                       | SEP 1 1 1967 (R. D. & E. Falley M.) 150-REV. 1/1/65  | All Wett Danaldon fame   |

FUNERAL DIRECTOR: IMPORTANT



(4) Undetermined cause; (5) Deceased of death uo a hospital death. 4. USUAL RESIDENCE (Where 3. PLACE OF DEATH IN BALTIMORE, MARYLAND attendance Cause (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR C. CITY OR (If outs INSTITUTION 9 prior contributing occurred is made. regular 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE eceased WIDOWED, DIVORCED (specify) Single 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR' (State or foreign final disposition dane during most al warking lile, even if retired) Painter 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAM IMPORTANT assistant eath 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes,na arunknawn)(If yes, give war ar dates of service) 6. SOCIAL SECURITY NO. attendance 219-05-4929A CAUSE OF DEATH 0 or his DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the made of dying, heart failure, asthenia, etc. It means the disease, FUNERAL DIRECTOR: the chief medical examiner regular injury ar camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving to the abave cause (A) stoling the physician UNDERLYING CONDITION last. be obtained before the remains No physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in ar about 21C, WHERE DID home, larm, factory, street, office bldg., INJURY OCCUR? to the hospital MEDICAL DEATH (notify medical examiner) any nature; approved by 21 D. TIME OF INJURY (Month) (Day) (Hour) (Year) 21 E. INJURY OCCURRED 9 21F. HOW DID INJU While At Nat While (APPROX.) Wark At Wark 22. I certify that (1) this hospital ottended the deceased from death); that (I) (we) lost saw the deceased alive or certificate must be the body was released and hour and from the couses stated above ((1)/(We) (did) (did not) view the body after death. must An accident 23A. SIGNATURE Attending Phys. Med. written approval 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS deceased prior 24A. BURTAL CREMATION, 0.0 REMOVAL (Specily) shows: Burial 67 Gardens of Cemetery | Ba] dis 25A. DATE REC'D BY HEALTH DEPT.

BIRTH NO.

(Type or Print)

M.E. CASE NO. 1, NAME OF DECEASED

VS 150-REV. 1/1/65

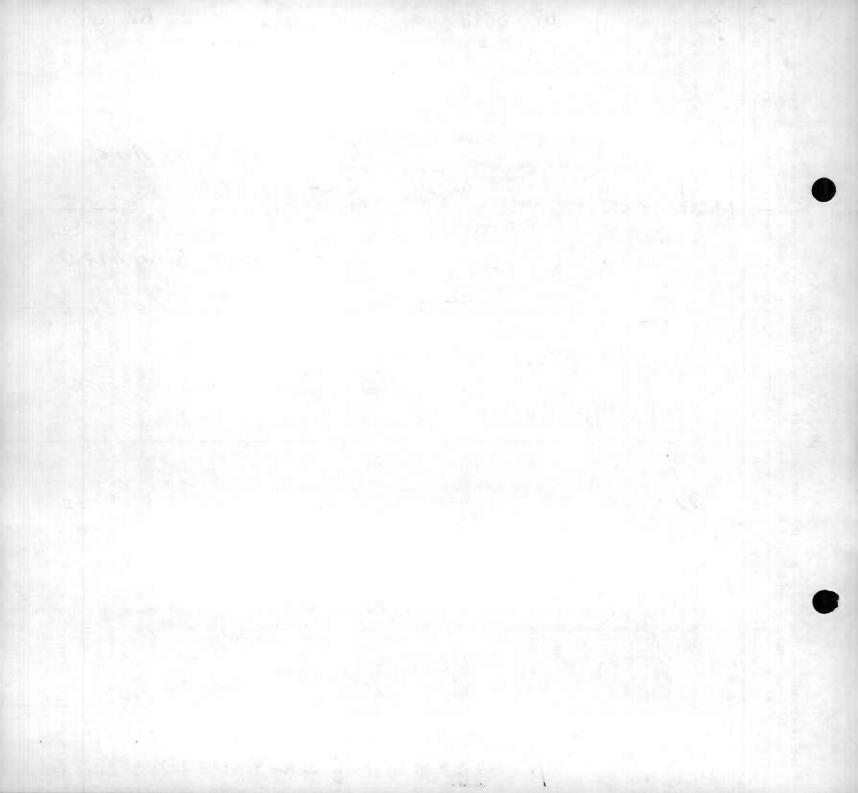
Such the

and

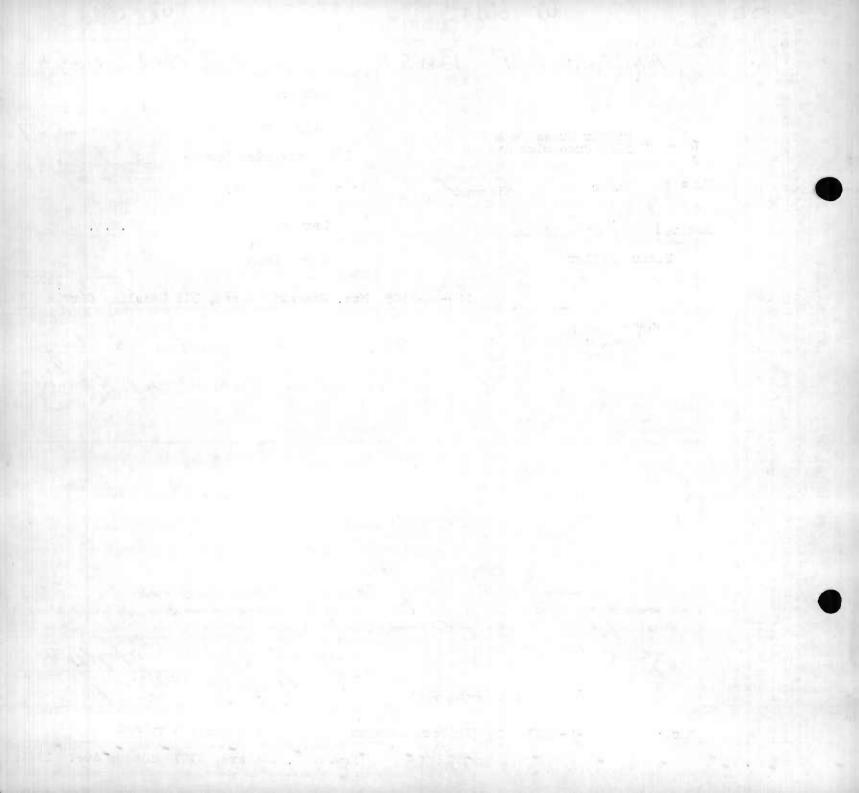
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2. DATE AN

|                                  | OFT          | 00         | 140                         |       |
|----------------------------------|--------------|------------|-----------------------------|-------|
| Registered No                    | 01           |            | 14                          | _     |
| HOUR OF DEATH                    |              |            |                             |       |
| deceased lived. Il in:           |              | 7          | 120A                        | -M.   |
| deceased lived. II in:           | stitution: ( | esidence   | before admission            | n)    |
| 1                                |              |            |                             |       |
| ide city limits, write R         | URAL on      | d give to  | wnship)                     |       |
| ORB                              |              | 26         | -01                         |       |
| iral, give lacotian)             |              |            | 7                           |       |
| NNORE                            | AL           | 1-e        |                             |       |
| . AGE (In years<br>ost bigthdoy) |              | Doys       | If Under 24 H<br>Hours Min. | rs.   |
| ost Signady/                     | Months       | Doys       | Hours Haille                |       |
| n country)                       | 12. CIT      | ZEN OF     | )                           |       |
|                                  | WH           |            |                             |       |
| \E                               |              | 0,         | 2.                          |       |
| WA SP                            | -1           | 1-1        | 11.1                        |       |
| WA DI                            | 41/          | 114        | IV                          |       |
|                                  |              | ADDRE      |                             |       |
| MRS OF                           | Mn,          | 4 P)       | SAME                        | _     |
|                                  |              |            |                             |       |
| Accident                         |              | Red        | -CN +                       |       |
| 11 ( ( deri                      |              | 4 00       | 14                          |       |
|                                  |              |            |                             |       |
| 1. deseas                        | 0            | U0 a       | rs.                         |       |
|                                  |              | 0          |                             |       |
|                                  |              |            |                             |       |
|                                  |              |            |                             |       |
|                                  |              |            |                             | _     |
|                                  |              |            |                             |       |
|                                  |              |            |                             |       |
| 208. IF YES, WERE F              | JSES OF      | DEATH?     | DERED                       |       |
| (11 in Baltimare                 |              |            |                             | _     |
| ti in politimoje                 | City, get    | re exoct   | idcaman/                    |       |
|                                  |              |            |                             |       |
| RY OCCUR?                        |              |            |                             |       |
|                                  |              |            |                             |       |
| 67 10                            | 7/0          |            | 19 6                        | 7.    |
| t in (my) (aur) opin             | nian dea     | th accu    | rred on the d               | ote . |
|                                  |              |            |                             |       |
|                                  | 238. DA      | TE SIGNE   | D                           |       |
| Staff Phys.                      | 9-           | -p.        | -67                         |       |
| 1, 0                             |              | 0          | 6                           | _     |
| (ce 1)                           | 1/1          | 9          |                             |       |
| CATION (Cit                      | ly, town     | or county  | ) (State)                   |       |
|                                  | ,,           | or educity | , (31016)                   |       |
| timore                           | Co.          | 10.        | Md.                         |       |
|                                  | 1 . 1        | ADI        | KE22                        |       |
| Home 74                          | 01/          | elai       | 1/14                        |       |
|                                  |              |            |                             |       |



| M.E. CASE NO.  1. NAME OF DEC  Type or Print)  3. PLACE OF DE  FULL NAME ( HOSPITAL OR INSTITUTION   | ARCARE TA  |   | BUSH<br>give street  | 4. USUAL RESIDENCE (WA. STATE B. CO<br>Maryland   | outside city limits, write  | institution: residence before admissi   |
|--|--|---|--|---|---|---|
| 90   | Silver Cross<br>5124 Greenwi   |   | nue  | Baltimor D. STREET ADDRESS 5124 Greenw  | (If rural, give location)   | 48-0  |
| Female   | White  | Wid   | , NEVER MARRIED<br>D, DIVORCED (specily)<br>Owed   | 8. DATE OF BIRTH 1-1-1872   | 9. AGE (In years lost birthdoy) 95  | Months Doys Hours Min   |
| done during most of<br>Retired   | working life, even if retired)   | 10B. KIND O   | F BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (Stole or for  | 1   | 12. CITIZEN OF WHAT COUNTRY? U.S.A.   |
| Pet  | er Miller  |   |  | Nancy Ca  |   |   |
|  | d Ever in U.S. Armed Force    (If yes, give wor or dotes   |   | 16. SOCIAL<br>SECURITY NO.<br>220-44-8909  | Mrs. Stewart  | Duncan, 311   | Wessling Circle   |
| heort (oilure, injury or car   | LEADING TO DEATH nal meon the made at asthenio, etc. It meons mplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if a te above cause (A)   | the disease,<br>deoth.)   | (B) art  | yocardisl<br>rischertii   | Chafareta<br>Heart Hes  | n 5 dags  |
| DISEASES  ise la th  UN DERLYIN  OTHER SIGN  TO THE E  DISEASE OR  | nal meen the made at asthenia, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION lost.  | dying, e.g., the disease, deoth.)  Iny, giving stating the  ONTRIBUTIN TED TO TH  | (B) OUE TO (C)   |   |   | n 5 dags<br>nine punknour   |
| DISEASES  ise la th  UN DERLYIN  OTHER SIGN  TO THE DISEASE OR   | nal meen the made at asthenia, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION lost.  | dying, e.g., the disease, deeth.)  Iny, giving stating the  ONTRIBUTIN TED TO TH.   | (B) Orlo   | yscardial<br>rivellentie  | No) 20B. IF YES, WERE   | m 5 days  paix Mulsnow  E findings considered  auses of death?  |
| DISEASES iise In IN DERLYIN  OTHER SIGN TO THE D DISEASE OR  179A. DATE O  21A. ACCIDE OR CONTRIB  | nal meen the made of asthenio, etc. It meens implication which coused antecedent causes.  OR CONDITIONS, if a december cause (A) G CONDITION lost.  If INTERPRETABLE TO THE CONDITION CAUSING IT FORERATION 1798. CONDITION CAUSING IT FORERATION 1798. CONDITION CAUSING IT FORERATION 1798.  | dying, e.g., the disease, deoth.)  any, giving stating the  ONTRIBUTIN TED TO TH .  ORMED   | (B) OUE TO  (C)  G  G  IE  WHICH OPERATION  PLACE OF INJURY (e.g., in no., form, foctory, street, of   |   | No) 208, IF YES, WERE IN CERTIFYING C.  | E FINDINGS CONSIDERED   |
| DISEASES iise In IN DERLYIN  OTHER SIGN TO THE D DISEASE OR  179A. DATE O  21A. ACCIDE OR CONTRIB  | nal mean the made of asthenia, etc. It means implication which coused antecedent caused antecedent cause (A) of conditions (A) of condition lost.  It condition causing it for a condition causing it is a condition ca | dying, e.g., the disease, deoth.)  Iny, giving stating the  DNTRIBUTIN TED TO TH DITION FOR ORMED  218 hom etc. (Hour) 21E  | G (B) OUE TO  (C)  G (E)  WHICH OPERATION  L. PLACE OF INJURY (e.g., in ne., form, foctory, street, of ne.)  L. INJURY OCCURRED (ide At Not While At | n or obout 21C. WHERE DID Infice bidg., 21F. HOW DID I                                      | No) 20B. IF YES, WERE IN CERTIFYING C.  | E FINDINGS CONSIDERED AUSES OF DEATH?   |
| NO OTHER SIGN TO THE DISEASE OR DISEASE OR DISEASE OR DISEASE OR DISEASE OR CONTRIB DEATH (notify (APPROX.)  | nal mean the made of asthenia, etc. It means implication which coused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION lost.  INTERCEDENT CONDITIONS COURT (A)  | dying, e.g., the disease, deoth.)  Iny, giving stating the  DNTRIBUTIN TED TO TH. DITION FOR ORMED  21B hom etc. (Hour) 21E Wh wo                                   | (B) OUE TO  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C  | 20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID lifee bidg., INJURY OCCUR?  21F. HOW DID I   | No) 208. IF YES, WERE TO CERTIFYING C.  (If in Boltimo  | E FINDINGS CONSIDERED AUSES OF DEATH?   |
| DISEASES HISE IN THE ENTERPORT OF THE EN | ashenio, etc. II meons in plicotion which coused antecedent caused antecedent causes.  OR CONDITIONS, if a deceded and conditions cause (A) is a condition to cause (A) in the condition causing it is a condition (Doy) (Year)  Or that (I) (this hospital) is a condition (Doy) (Year)  AN'S (Type) AN'S | dying, e.g., the disease, deoth.)  Inly, giving stating the  ONTRIBUTIN TED TO TH DITION FOR ORMED  21B hom etc. (Hour) 21E Wh wo attended t d alive on ed obove. ( | (B) OUE TO  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C  | 20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID lifee bidg., INJURY OCCUR?  21F. HOW DID I e | No) 208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo  NJURY OCCUR?  19/25 to S  that in(my) (aux) of the phys | E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exoct locotion)  19 Continuo deoth accurred on the  23B. DATE SIGNED  9 7 / 6 7  Wore  City, town, or county) (Stot |



| *   | -515  | CERTIFICATE OF DEATH Registered No. 67 86  | 15                                      |
|-----|---|--|---|
|     |   | E CASE NO.  NAME OF DECEASED   2, DATE AND HOUR OF DEATH   |   |
|     | 77 40 6 1   | PE OF Print) HENRY KOUWENHOVEN 9/8/67 11:30  | DAM                                     |
|     | spito<br>of<br>of<br>of<br>eath.                      | PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. It institution; residence before  | odmission)                              |
|     | hospital<br>ise of c<br>(5) Dece<br>ance or<br>death. | FULL NAME OF (If not in hospital or institution, give street) W. WORKETSTER  |   |
|     | cau<br>se;  | HOSPITAL OR oddress or location) INSTITUTION  C. CITY OR TOWN (It outside city limits, write RURAL and give township)  |   |
|     | in a day  | D. STREET ADDRESS (If rurol, give location)  |   |
|     | P.E. 0  | Johns Hapkens Happ, Marburg 2 D. STREET ADDRESS (If rurol, give location)  |   |
|     | riburine<br>jular<br>ed p                             | SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 1 WIDOWED, DIVORCED specify) Set birthdoyl Months; Doys Hours;   | er 24 Hrs.<br>Min.                      |
|     | occui<br>ntrik<br>regul<br>ased                       | Maried Gra 26 1895 12  |   |
|     | H COL   | A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?   |   |
|     | or<br>Or<br>Jude<br>1s ir<br>de                       | FATHER'S NAME LIVEST MENT COLD 14. MOTHER'S MAIDEN NAME  |   |
|     | # (4 × 4)   | Description of the state of the |   |
| Z   | dir<br>ath<br>on                                      | Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS  |   |
| A   | sistar<br>the d<br>kind<br>deat<br>deat<br>ce o       | ss, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.   | 5                                       |
| OR  | 8 + > p p L   | 18. $42011$ CAUSE OF DEATH INTERVAL BETY   | VEEN                                    |
| AP  | his so, in of ar of ar tend                           | DISEASE OR CONDITION DIRECTLY  |   |
| _   | Also att  | (This does not meon the mode of dying, e.g.,  (A) Untropular fibrillation or exts = 10 me  | san                                     |
| 3   | ctu ctu   | heart failure, astheria, etc. It means the disease,  |   |
| 0   | fra fra   | ANTECEDENT CAUSES (B)  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| ECT | X A A A A A A A A A A A A A A A A A A A               | DISEASES OR CONDITIONS, if ony, giving   |   |
| RE  | 3 (3 ) E = 2   S   S   S   S   S   S   S   S   S      | underlying condition lost.   |   |
| ۵   | dica<br>ica<br>ica<br>ica<br>sici                     | II Softman   |   |
| ₹   | med<br>med<br>bu<br>bu<br>phy<br>an                   | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |   |
| NER | a n<br>Sody<br>he p                                   | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  |   |
| 5   | by<br>by<br>2) Bo<br>2) Bo<br>phys                    |  |   |
| 14. | + = 0 0 0   | 218. PLACE OF INJURY (e.g., in or obout 2/C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  218. PLACE OF INJURY (e.g., in or obout 2/C. WHERE DID (If in Boltimore City, give exact location)  And the property of the p |   |
|     | 40 = > 0  | 21D. TIME (Month) (Day) (Year) (Hour) 215 INTURY OCCURRED  |   |
|     | hosi<br>natu<br>d (6)                                 | OF INJURY  (APPROX.)  While At Work  At Work   | ,                                       |
|     | the the ny n exce                                     | 22. I certify that (I) (this hospital) attended the deceased from 9/8 1  | 967                                     |
|     | 0 0 0 00  | that (1) (we) last saw the deceosed olive an well 9/8 19 6 ond that In(my) (our) opinion death occurred as   | the date                                |
|     | sed the sed that of the spital eath)                  | and haur and from the causes stated obave. (1) (We) (did) (did nat) view the body ofter death.   |   |
| 4   | must be<br>eleased<br>reident<br>i hospit<br>to deat  | 23A. SIGNATURE  23B. DATE SIGNED  M.D. Attending Med. Stoff  | 7                                       |
|     | E O O D + O   | 23C. PHYSICIAN'S   |   |
|     | rificate<br>y was r<br>(1) An a<br>3.A. at<br>a prior | PAUL E. MICHAELSON M.D. JPHNS HOPKINS HOSPITAL   |   |
|     | a d S S   | REMOVAL (Specity)  A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, town, or county)   | (Stote)                                 |
|     |   | BURIA SEPT13,1967 FLUSHING CEMPTER THISKING L. T No.   | 14                                      |
|     | This ce<br>the bo<br>shows:<br>was D.<br>deceas       | SEP 1 1 1967 P. S. NAME OF REGISTRAR 256. FUNERAL DIRECTOR ADDRESS   | X                                       |
|     | -+ v > 0 >  | 150-REV. 1/1/65  | mel.                                    |
|     |   | 6  |   |

| 67. 8616 BALTIMORE CITY   | Y HEALTH DEPARTMENT  | 0010                                   |
|---|--|--|
| BIRTH NO. CERTIFICA   | ATE OF DEATH Registered No.  | 67 8516                                |
| M.E. CASE NO.  1. NAME OF DECEASED  May M. Evans  | 2. DATE AND HOUR OF DEATH  |  |
| Type or Print) MRS MAN M. EVAN  | 15 9-7-67  | 1500 PM                                |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND  | 4. USUAL RESIDENCE (Where deceased lived, If institu   | tion: residence before odmission)      |
| FULL NAME OF (If not in hospital or institution, give street  | Maltimore (  | 53-00                                  |
| HOSPITAL OR oddress or location)  | C. CITY OR TOWN (If outside city limits, write RURA  | AL and give township)                  |
| MARYLAND GENERAL  | BALTIMORE a  | 1/3/9 Edgemen                          |
| 110 HOSPITAL  | D. STREET ADDRESS (If rurol, give locotion)  | 115                                    |
| SEX 6. RACE 5 7. MARRIED, NEVER MARRIED   | 263611132117 11  | VE                                     |
| Finds White MAKRIED (specify)   | 5/1/92 lost birthdov 75  | Under 1 Yr. If Under 24 Hrs.           |
| 6A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired)  | 11. ButthPLACE (Stote or Jereign Country)  | 2. CITIZEN OF<br>WHAT COUNTRY?         |
| Housewife   | HAWKE BEGRACE  | U5A                                    |
| 3. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |  |
| ?? Reynolds   | Not Known  |  |
| 5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown)((if yes, give wor or dotes of service)  SECURITY NO.   | 17. INFORMAN (Husband) Edgemer   | e, ADDRESS Md.                         |
| security No.  | Mr. John T. Evans, 2636 Mass   | seth Ave                               |
| TIBEL 2 A L L   | OF DEATH   | INTERVAL BETWEEN                       |
| DISEASE OR CONDITION DIRECTLY   | 1//  | ONSET AND DEATH                        |
| LEADING TO DEATH  | TOCARDIA I STARCTION   | RECENT                                 |
| (This does not meon the made of dying, e.g.,  heart failure, asthenia, etc. It means the disease,   | Acore  |  |
| injury or camplication which coused death.)   | CCUA   | LOADE                                  |
| ANTECEDENT CAUSES  (B)  DUE TO  |  |  |
| DISEASES OR CONDITIONS, if any, giving  |  |  |
| rise to the obove couse (A) stoting the (C)   | A4400000000000000000000000000000000000   | ************************************** |
| 1   | , 5  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE   | seal Thromboses  | 0.000 17                               |
| DISEASE OR CONDITION CAUSING IT.  |  | RECENT                                 |
| TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING    21B. PLACE OF INJURY (e.g., | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES  | DINGS CONSIDERED<br>S OF DEATH?        |
| 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g.,  | in at about 21 C. WHERE DID. (If in Soltimore Cit  | ty, give exact location)               |
| OR CONTRIBUTING CAUSE OF home, form, foctory, street, cetc.)  |  | ly, give exoci locolidii/              |
|   |  |  |
| 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Not Whi   | 21F. HOW DID INJURY OCCUR?   |  |
| (APPROX.)   |  |  |
| 22. I certify that (1) (this hospital) attended the deceosed from   | 5 75-67 1967 to 9  | - 7 19 67                              |
| that (h) (we) last saw the deceased alive an  | 7 19 (a Zand that in (Mx) (aur) apinion  | n death accurred on the dat            |
| and have and from the causes stated above. (1) ( (did) (did net)  | view the bady after death.   |  |
| 23A. SIGNATURE  |  | B. DATE SIGNED                         |
| Frank / South MD M.D. AH  | tending Med. Stoff Phys.   | 7-7-67                                 |
| 23C. PHYSICIAN'S  | 23D. ADDRESS   | ., 6                                   |
| NAME (Type) ANK J. FORICK M.D.  | MARYLAND GENERAL   | HOSP.                                  |
| 4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CR   |  | own, or county) (State)                |
| REMOVAL (Specify)   |  | eysville, Md.                          |
|   | 25C. FUNERAL DIRECTOR  | ADDRESS                                |
| 5A. DATE REC'D BYSHEALTH DEPT. 25B. NAME OF REGISTRAR   | 7 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7  |  |
|   | 018 6 5 6 7  |  |
| \$ 150-REV. 1/1/65  | A TOTAL STREET, STREET |  |

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LTIMORE CITY HEALTH DEPARTMENT

| BIRTH NO.<br>M.E. CASE NO.             |  | 8617 CERTIFICA   | TE OF DEATH                | Registered Na                      |                                       |
|--|--|--|----------------------------|------------------------------------|---------------------------------------|
| NAME OF D<br>Type or Print)            |  | Elmer Roy  |                            | ember 7\subsection 196'            | 7 11:40 P                             |
| . PLACE OF E                           | DEATH IN BALTIMORE, MA   |  |                            | ere deceased lived, If ins         | titution: residence before admission) |
| FULL NAME<br>HOSPITAL O<br>INSTITUTION | Veterans Admir   | nistration Hospital  | Maryland                   | Itside city limits, write R        | URAL ond give township)               |
| 04/                                    | 3900 Loch Rave   | en Blvd  | D. STREET ADDRESS (IF      | rurol, give location)              |                                       |
|  | Baltimore, Mar   | ryland 21218   | 4212 Curt 9s A             |                                    |                                       |
| S EX                                   | 6. RACE  | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)                    | B. DATE OF BIRTH           | 9. AGE (In years<br>lost birthday) | Months Doys Hours Min.                |
| Male                                   | White  | Married 108. KIND OF BUSINESS OR INDUSTRY                                | 4/13/00                    | 67                                 | 12, CITIZEN OF                        |
|  | of working tife, even if retired)                                    | Government   | Norfolk, Va.               | .gii cooniiy,                      | WHAT COUNTRY?                         |
| Goast G                                | ard Retired  |  | 14. MOTHER'S MAIDEN NA     | ME                                 |                                       |
| T                                      | 22   |  | Total Continue             |                                    |                                       |
| James I                                | ad Function II C Amount For  | ces? 16. SOCIAL  | Lula Quinn                 | ananda                             | ADDRESS                               |
| Yes, no or unkno Yes                   | wn) (If yes, give wor or dote 5/27/17 to 8                           | s of service) SECURITY NO.   |                            | ecords                             | awen Blvd. Balto.M                    |
| 18. / / ~                              | 3/2//17 60 6   | CAUSE O  |                            | )/00 BOOM 10                       | INTERVAL BETWEEN                      |
| 140                                    | ASE OR CONDITION DI  | RECTLY Arte  | riosclerotic Ca            | rdovascular                        | ONSET AND DEATH                       |
| (This does                             | LEADING TO DEATH<br>not mean the made of                             | dying, e.g., DUE TO  | ase                        | ************************           | Many Years                            |
| heart failur                           | e, asthenia, etc. It meons<br>amplication which caused               | the disease, D4 ch   | t Hemiparesis S            | econdary to                        |                                       |
| injury ar c                            | ANTECEDENT CAUSES  | Comoh  | ral Arterioscle            |                                    | Many Months                           |
| DISEASES                               | OR CONDITIONS, if  | DUE TO   |                            |                                    |                                       |
| rise to                                | the abave cause (A)  |  |                            |                                    |                                       |
| UNDERLII                               | NG CONDITION lost.   |  |                            |                                    |                                       |
| E TO THE                               | II  SNIFICANT CONDITIONS C  DEATH BUT NOT RELA  OR CONDITION CAUSING | ATED TO THE  |                            |                                    |                                       |
|  |  | DITION FOR WHICH OPERATION   | No                         | 208. IF YES, WERE FI               | INDINGS CONSIDERED<br>ISES OF DEATH?  |
| OR CONTR                               | DENT WAS UNDERLYING DEUTING CAUSE OF                                 | 21B. PLACE OF INJURY (e.g., i<br>home, form, foctory, street, o<br>etc.) | n or obout 21 C. WHERE DID | (If in Boltimore                   | City, give exoct location)            |
| OF INJURY                              | (Month) (Doy) (Year)   | (Hour) 21E, INJURY OCCURRED While At Not While                           | 21F. HOW DID INJ           | IURY OCCUR?                        |                                       |
| (APPROX.)                              |  | Work At Work   |                            | 4-                                 |                                       |
| 22. I certi                            | fy that 🏩 (this hospital   | ) ottended the deceased framA]   |                            |                                    | tember 7 19 67                        |
| thot (35 (w                            | e) lost sow the decease  | ed olive on September  | 7. 19 67 ond th            | natin (🌃 ) (our) opin              | ion deoth occurred on the dot         |
|  |  | ted obove. (其) (We) (did) (知识更)  | view the bady ofter deoth. |                                    |                                       |
| 23A. SIGNA                             | TURE ZODON   | (ed Dew M.D. AH  | andian — Adad —            | 24-42                              | 23B. DATE SIGNED                      |
|  | Lowell   |  | ending Med. Director       | Stoff<br>Phys.                     | 7/9/67                                |
| 23 C. PHYSIC                           |  | -0 (/) A (1)   | V.A. Hospital,             | Baltimore, M                       | d. 21218                              |
| 24A. BURIAL C                          | REMATION, 24B. DATE<br>L (Specify)                                   | 24C. NAME of CEMETERY OF CR  | EMATORY 24D. L             | OCATION (City                      | y, town, or county) (State)           |
| BURI                                   | 1 3 41-  | 67 Batto, Natl.  | Cem. K                     | Salto,                             | INd,                                  |
|  | PD BY HEALTH DEPT.   | 25B. NAME OF REGISTRAR   | 25C. FUNERAL DIRECTO       | 0+                                 | D BODRESS Wd.                         |
|  | 95L T T 1201   | Usbert C. Jaker  | MICCOLLA -                 | 23/1A/A950                         | 0 Hue 2/225                           |

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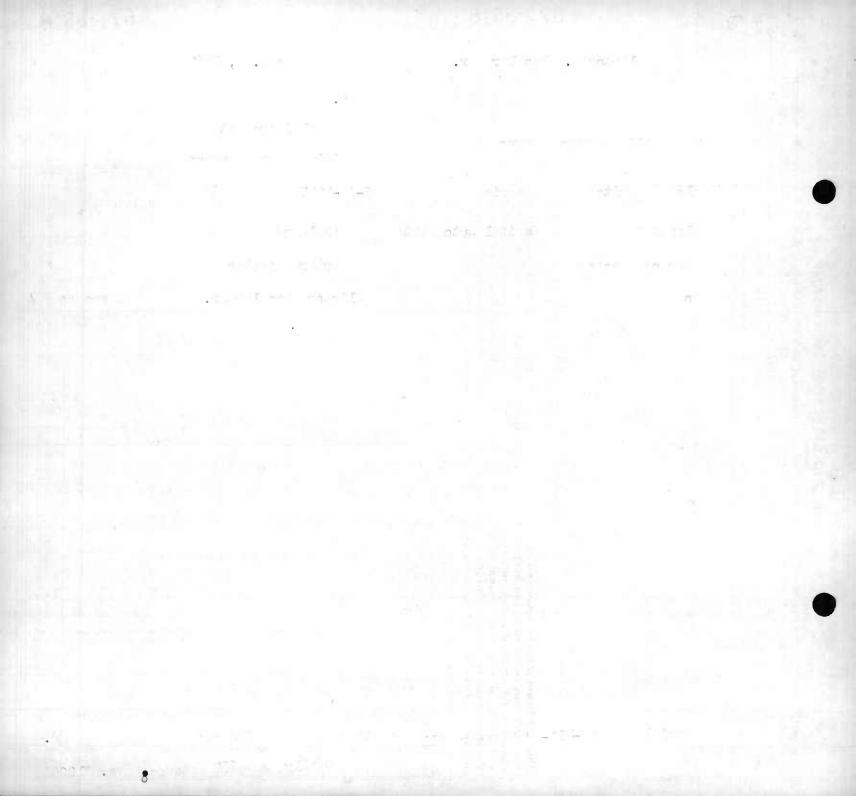
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) Sept. 8, 1967 Clinton H. Wheeler Sr. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) (Il outside city limits, write RURAL and give township INSTITUTION Baltimore City D. STREET ADDRESS (If rurol, give location) 322 Washburn Avenue 322 Washburn Avenue 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX B. DATE OF BIRTH If Under 1 Yi. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdov Hours Male White Married 3-28-1907 60 16A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Salesma n Capital Auto Parts USA Maryla nd 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harmon Wheeler Barbara Fischer 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. No Clinton Whee ler Jr. Same as CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, injury as camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 0 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CERTIF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) home, lorm, loctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (notify medical examined MEDI OF INJURY (Hour) (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While [ While Af (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on ond that in(my) (aur) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (atd) (did not) view the body after death. 23A. SIGNATURE Attending | Med. Stoff Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specily) Cemete ry Baltimore Md.

167 Cedar Hill 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS McCully 237 Patapsce Ave. VS 150-REV. 1/1/65



| 7505   |  | H NO. 67 8619 CERTIFICA  | TE OF DEATH Registered No.   | 67 8619   |
|--|--|--|--|---|
| an<br>ase<br>ase<br>th   | 1.N  | AME OF DECEASED  | 2. DATE AND HOUR OF DEAT   | 1.50  |
| E 200 E .  | 0  | CONSTANCE DAMICO   | 4. USUAL RESIDENCE (Where deceased lived. If                             | institution: residence before admission)                                |
| hosp<br>use<br>(5)   | 07   | FULL NAME OF (If not in hospitot or institution, give street oddress or location) NSTITUTION   | MARYLAND ANNE ARUN C. CITY OR TOWN (If outside city limits, write        | NDLE ond give township)   |
| d in a ng ca cause; attention to   | CH.  | THE JOHNS HOPKINS HOSPITAL   | D. STREET ADDRESS (If rurol, give locotion)                              | 32-00   |
| ibuti<br>ned<br>ular<br>d pi   | 0 111  | EX   6. RACE   7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)   | ROUTE #2 BOX 543 ( 8. DATE OF BIRTH   9. AGE (In years lost birthday)    | ARROLLTON MANOR  If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. |
| th occur<br>contri<br>etermi<br>n regu   | MA I   | FEMALE WHITE MARRIED  USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY   | 10-6-00 66   | 12. CITIZEN OF  |
| or condet a sin dec  | noi ti   | Seamstres Collins  | Coland   | WHAT COUNTRY  |
| rect<br>(4) U<br>(4) U   | ispos  | FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |   |
| sistant<br>the di<br>kind;<br>death  | p lives  | Was Deceased Ever in U. S. Armed Forces?  (If yes, give wor or dotes of service)   | anthony Dami   | eo - alove  |
| MPOR<br>his ass<br>sso, if<br>of any<br>unced                                      | ed or  | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   | Provide for which  | INTERVAL BETWEEN ONSET AND DEATH  |
| OR: I  | nbalm  | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode at dying, e.g., heart followed followed, asthenia, etc. It means the disease, injury or complication which coused death.) | lumas en la lite   |   |
| RECTC<br>l exami<br>examii<br>(3) A fron<br>n who<br>in regu                       | gre e  | DISEASES OR CONDITIONS, il any, giving rise lo the obove couse (A) stoling the UNDERLYING CONDITION lost.  | imallolar prehin C   | axble   |
| medical burns; physicial   |  | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |   |
| chief ry a m Body the p  | e the  | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  | NO IN CERTIFYING   | RE FINDINGS CONSIDERED CAUSES OF DEATH?                                 |
| FI<br>y the<br>ital b<br>e; (2)<br>vhere<br>No pt                                  | Befor  | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., incomme, form, foctagy, street, of etc.)  | or obout 21C. WHERE DID (If in Boltin ffice bldg., INJURY OCCUR? ROUTE 2 | R. SAVERNA PARK   |
| ved b<br>hosp<br>nature<br>ept v   | ained<br>APE<br>MED  | 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED (APPROX.) 8-12-67 (O Month) While At Mork Not While   |  | THEN SLIPPED  |
| appro<br>to the<br>of any  | 0  | 22. I certify that (I) (this hospital) attended the deceased fram  | 8/17 19 67 ta<br>19 67 and that in(my) (aur) c                           | 9/7 19 67 . ipinian death accurred an the date                          |
| 0705±  | ust<br>AS  | and have and from the causes stated above. (1) (and odd) (dld nat) v   | ,  | 23B. DATE SIGNED  |
| mus<br>elea<br>ccidea<br>to d  | EI   | H. Kleckael Khagher M.D. Att   |  | 9/7/67  |
| Ficate<br>was<br>was<br>A. at<br>prio  | pprov  | HENRY M. MEAGHER M.D.  | JOHNS HOPKINS HOSPITAL   |   |
| This certificat<br>the body was<br>shows: (1) An<br>was D.O.A. at<br>deceased pric | D 24A  | REMOVAL (Specify) 9/11/67 TOLES REAL SPECIFICATION 248. DATE   | EMATORY COM Solt   | (City, town, or county)   |
| This cert<br>the body<br>shows: (<br>was D.O<br>decease                            | written of the state of the sta | DATE REC'D BY HEALTH DEPT 258. NAME OF REGISTRAR   | 25C. JUNERAL DIRECTOR  | of Sevenie We   |
|  | VS   | 150-REV. 1/1X63 1 1 1904 1 1904 1 1904 1   | ABBERT S. BARR   | AUCO  |

Leannities Chilling marine author James - Ster Level Wife Hely Widow Form Louth all of Samuel Jagan

(If outside city limits, write RURAL and give township)

BALTIMORE CITY HEALTH DEPARTMENT

ONSET AND DEATH

If Under 24 His.

Hours

20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

(If in Boltimore City, give exact location)

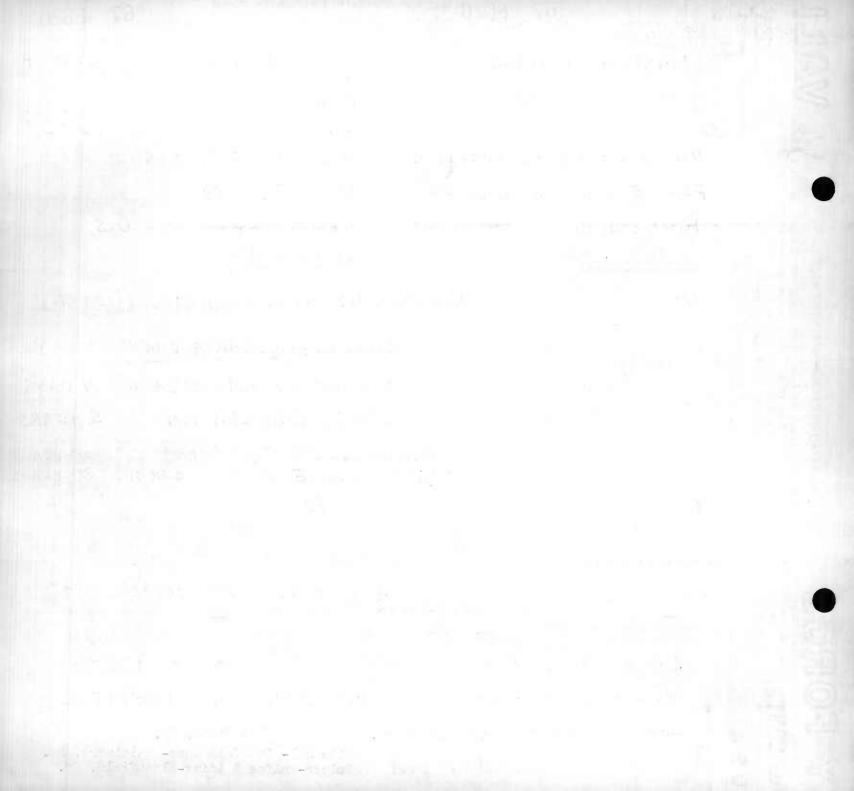
22. I certify that (I) (this hospital) attended the deceased from AUGUST 27 19 67 to SEPTEMBER

Spicer-McAfee & Adams-Bloomfield, Ky.

VS 150-REV. 1/1/65

IMPORTAN

FUNERAL DIRECTOR:



| N. BRUCK   September 4, 1967   2:20 P.   | BIRTH NO. MED  | ICAL EX                   | KAMINER'S CI           | ERTIFICA          | IE OF DEATH ROD                   | ered NO ODEL                   |
|--|--|---------------------------|------------------------|-------------------|-----------------------------------|--------------------------------|
| September 4, 1667 2:20 P.  | M.E. CASE NO.  |                           |                        |                   |                                   |                                |
| JOHN N. BRUCK September 4, 1967 2:20 P.  IA AGE IN BATIMORE MARKADO, WHERE PRONOUNCED DIAD  IA AGE IN BATIMORE MARKADO, WHERE PRONOUNCED DIAD  IN AGE IN BATIMORE MARKADO, WHERE PRONOUNCED DIAD  IN AGE IN BATIMORE MARKADO, WHERE PRONOUNCED DIAD  IN STRUCTION  Union Memorial Hospital (DOA)  Union Memorial Hospital (DOA)  Union Memorial Hospital (DOA)  Union Memorial Hospital (DOA)  What County Maryland  Colf of the Mile Valued a copenie limited, while BUBAL and a ver lowerhold the Maryland  Look Bubal occurration (Love to Maryland William)  Maryland  Colf of the White Maryland  Colf of | 1. NAME OF DECEASED (Type or Print)  |                           |                        |                   | 2. DATE AND HOUR PRONOU           |                                |
| Union Memorial Hospital (DOA)  White Male Married (Month Memorial Hospital |  |                           | BRU                    | CK                | September 4, 1                    | 967 2:20 P. <sub>M</sub>       |
| HOSPITAL OR  ADDRESS OR LOCATION)  Union Memorial Hospital (DOA)  Baltimore  D. STREET ADDRESS (If Invol., give located)  4002 Wilkey Avenue  Located Hospital (DOA)  Baltimore  Josh For Birth  Josh Great Hospital (DOA)  Married  Oct. 14, 1910  Oct. 14, 1910  Oct. 14, 1910  Oct. 14, 1910  Street Country  Married  John Bruck  Maryland  Maryland  John Bruck  Magdalena Hepp  John Bruck  Mrs. Mary Bruck 4002 Wilke Ave.  CAUSE OF DEATH  ONE Head of philip Active Country  John Bruck  John |  |                           |                        | Maryl             | and s. c                          | COUNTY                         |
| Union Memorial Hospital (DOA)  Union Memorial Hospital (DOA)  Union Memorial Hospital (DOA)  4.002 Wilkey Avenue  Accel White Whow Married  Whow Married  Oct. 14, 1910  Maryland  What Country  What  |  | ATION)                    |                        |                   |                                   |                                |
| MAIL OCCUPATION GIVE LINE OF SUMES OR INDUSTRY MARRIED WHO COL. 14, 1909. A COL. 14, 1909.  | Union Memorial Hos   | pital (                   | DOA)                   | D. STREET ADI     | DRESS (If rurol, give location)   | 00 /- 01                       |
| DISEASE OR CONDITION DESCRIPTION  BISTATES OR CONDITION DESCRIPTION  CAUSE OF DEATH  CAUSE OF DEATH  COLUMN AND CONDITION CONSIST OF THE CONDITION CONTRIBUTING  DISEASE OR CONDITIONS, IF ANY, CHANGE OF THE CONDITION CONTRIBUTING  BISTATES OR CONDITIONS, IF ANY, CHANGE OF THE CONDITION CONTRIBUTING  COLUMN AND CONDITIONS CONTRIBUTING  DISEASE OR CONDITION DESCRIPTION  (In deep and contribution of the course of defend)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, IF ANY, CHANGE OF THE CONDITION CONTRIBUTING  DISEASE OR CONDITION S. IF ANY, CHANGE OF THE CONDITION CONTRIBUTING  COLUMN ANTECEDENT CAUSES  DISEASE OR CONDITION S. IF ANY, CHANGE OF THE CONDITION CONTRIBUTING  DISEASE OR CONDITION S. IF ANY, CHANGE OF THE CONDITION CONTRIBUTING  TO THE SONIFICANT CAUSES  DISEASE OR CONDITION S. IF ANY, CHANGE OF THE CONDITION CONTRIBUTING  DISEASE OR CONDITION S. IF ANY, CHANGE OF THE CONDITION CONTRIBUTING  TO THE SONIFICANT CAUSES  DISEASE OR CONDITION CAUSISMO IT.  (C).  DISEASE OR CONDITION CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSISMO IT.  (C).  DISEASE OR CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION C |  | WIDO WED,                 | DIVORCED(specify)      | 8. DATE OF BIR    | TH 9. AGE (In year lost birthdoy) | Months Doys Hours Min.         |
| Butcher  John Bruck  John Bruck  John Bruck  Magdalena Hepp  Security No.  Mrs. Mary Bruck 4002 Wilke Ave.  Cause of Death  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  Arteriosclerotic Cardiovascular Disease  No.  ANTECEPRITY Causes  DISEASE OR CONDITION IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION LAST.  (C).  THE SIGNIFICANT CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE  DISEASE OR CONDITION CAUSING IT.  THE ABOVE CAUSE (A) STATING THE  DISEASE OR CONDITION CAUSING IT.  TO THE ABOVE CAUSE (A) STATING THE  DISEASE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  TO THE ABOVE CAUSE (A) STATING THE  DISEASE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  TO THE SIGNIFICANT CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE  DISEASE OR CONDITION CONTRIBUTING TO THE MEDICAL CAUSE WAS ADDRESS OF DEATH  OUT OF THE ABOVE CAUSE (A) STATING THE  DISEASE OR CONDITION CAUSING IT.  TO THE SIGNIFICANT CONDITION CONTRIBUTING TO THE SIGNIFICANT CONDITION CONTRIBUTING TO THE MEDICAL CAUSE WAS ADDRESS OF DEATH  OUT OF THE ABOVE CAUSE (A) STATING THE  DISEASE OR CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE  DISEASE OR CONDITION CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE  DISEASE OR CONDITION CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTION CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTING TO THE SIG |  |                           |                        | 11. SIRTHPLACE    | 9 1010                            |                                |
| John Bruck  S. WAS DICEASED EVER IN U.S. ARMED FORCES? Yes, no crunknown/fill yes, give wor of does of service) Yes  WW 2,  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CITIES does not mean the mode of dying, c.g., heard folium, esthema, etc. It means the discose, injury or campilection, which caused death, injury or campilection, which caused death, under the discose of Reconstruction of the Science of Condition Lasts of Due to Undergrange of the Act of Stating the Undergrange of Stating the  | done during most of working life, even if retired) Butcher                           |                           |                        | Mar               | yland                             |                                |
| Security No.   10   10   10   10   10   10   10   1  | 3. FATHER'S NAME   |                           |                        | 14. MOTHER'S      | MAIDEN NAME                       |                                |
| 15. SOCIAL   15. SECIBIT NO.   15. SOCIAL    | John Bruck   |                           |                        | Magda             | lena Hepp                         |                                |
| DISEASE OR CONDITION DISECTLY LEADING TO DEATH  (Arteriosclerotic Cardiovascular Disease  Arteriosclerotic Cardiovascular Disease  DUE TO  DUE TO  DISEASE OR CONDITION S, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.  (C)  OTHER SIGNIFICANT CAUSE  DISEASE OR CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE SIGNIFICANT TO THE DUT NOT RELATED TO THE SIGNIFICANT TO THE DEATH BUT NOT | Yes, no or unknown) (If yes, give wor or dot   | FORCES?<br>es of service) |                        | 17. INFORMANT     |                                   |                                |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., has of foilure, eatherine, etc. II meens the disease, injury or complication which coused death, coused meeting and the mode of dying, e.g., has of foilure, eatherine, etc. II meens the disease, injury or complication which coused death, coused meeting and the mode of dying, e.g., has designed the mode of dying, e.g., has designed to the mode of the mode o | res wwz,   |                           |                        | Mrs. Ma:          | ry Bruck 4002 Will                | ce Ave.                        |
| 27.A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF COUNTRY.  27.A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF COUNTRY.  27.A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF COUNTRY.  27.A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF COUNTRY.  27.A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF COUNTRY.  27.A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF COUNTRY.  27.A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION.  27.A. EXTERNAL CAUSE WAS UNDERLYING OR COUNTRY.  27.A. EXTERNAL CAUSE OF DEATH.  27.A. EXTERNAL CAUSE OF DEATH.  27.A. EXTERNAL CAUSE OF DEATH.  27.B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (if in Boltimore City, give exact location)  27.B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (if in Boltimore City, give exact location)  27.B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (if in Boltimore City, give exact location)  27.B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (if in Boltimore City, give exact location)  27.B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (if in Boltimore City, give exact location)  27.B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (if in Boltimore City, give exact location)  27.B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (if in Boltimore City, give exact location)  27.B. PLACE OF INJURY (e.g., in or obout 21C. WHILE INJURY OCCUR?  27.B. PLACE OF INJURY (e.g., in or obout 21C. WHILE INJURY OCCUR?  27.B. PLACE OF INJURY (e.g., in or obout 21C. WHILE INJURY OCCUR?  27.B. PLACE OF INJURY (e.g., in or obout 21C. WHILE INJURY OCCUR?  27.B. PLACE OF INJURY (e.g., in or obout 21C. WHILE INJURY OCCUR?  27.B. PLACE OF INJUR | DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST. | CONTRIBUTI                | CC)                    | 20A. AUTOPS       |                                   |                                |
| 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  22. I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion resulted from: Natural causes X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACCIDENT ASSISTANT MEDICAL EXAMINER PARENTAL SIGNATURE EXAMINER'S Werner U. Spitz, M.D. ASSISTANT MEDICAL EXAMINER PARENTAL SIGNATURE SEAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER PARENTAL SIGNATURE SEAMINER PARENTAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, Town, of county) (State) Burial 9/7/67 Oak Lawn Cemetery Colgate, Md.  24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS ULlrich Funeral Home 4210 Belair Road.   | ZIA. EXTERNAL CAUSE WAS  | 21 B.                     | PLACE OF INJURY (e.g., | in or obout 21 C. | WHERE DID (If in Boltimore City   |                                |
| I certify that I held on Inquiry   Inspection   Autopsy   ond that on this basis, death in my opinion resulted from: Natural causes   Accident   Suicide   Homicide   Undetermined monner  | 21D TIME (Month) (Doy) (Yes  |                           | WHILE AT NOT           | WHILE             | NOW DID INJURY OCCUR?             |                                |
| 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, of county) (Stote)  Burial 9/7/67 Oak Lawn Cemetery Colgate, Md.  24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS  SEP 1 1967 24B. NAME OF REGISTRAR Ullrich Funeral Home 4210 Belair Road.  | ACTUAL SIGNATURE EXAMINER'S Werner   | Inquiry                   | Inspection X Aut       | e Homic           | Undetermined mo                   | DATE SIGNED                    |
| 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS  SEP 11 1967 O 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  | 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)                                   |                           |                        |                   | 23D. LOCATION (C                  | City, town, or county) (State) |
| SEP 11 1967 DE L'ALLE L |  |                           | Oak Lavm Ce            | metery            | Colgate, Md                       |                                |
| SET 11 (307 ()[, C., Cassaran  | 24A. DATE REC'D BY HEALTH DEPT.  | 24B, NAME                 | OF REGISTRAR           | 24C. FUNE         | RAL DIRECTOR                      | ADDRESS                        |
|  | SEP 1 1 196/<br>VS 151-REV. 1/1/65   | 0                         | E Contraction a        | 0.0               |                                   | Dozuzi itoatt.                 |

4. USUAL RESIDENCE (Where doceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give\_township AUE If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH umales 20 A. AUTOPSY? (Yos or No) 20 B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) apinion death occurred on the date 23 B. DATE SIGNED written approval (Stote) (City, town, or county) MO ADDRESS VS 150-REV, 1/1/65

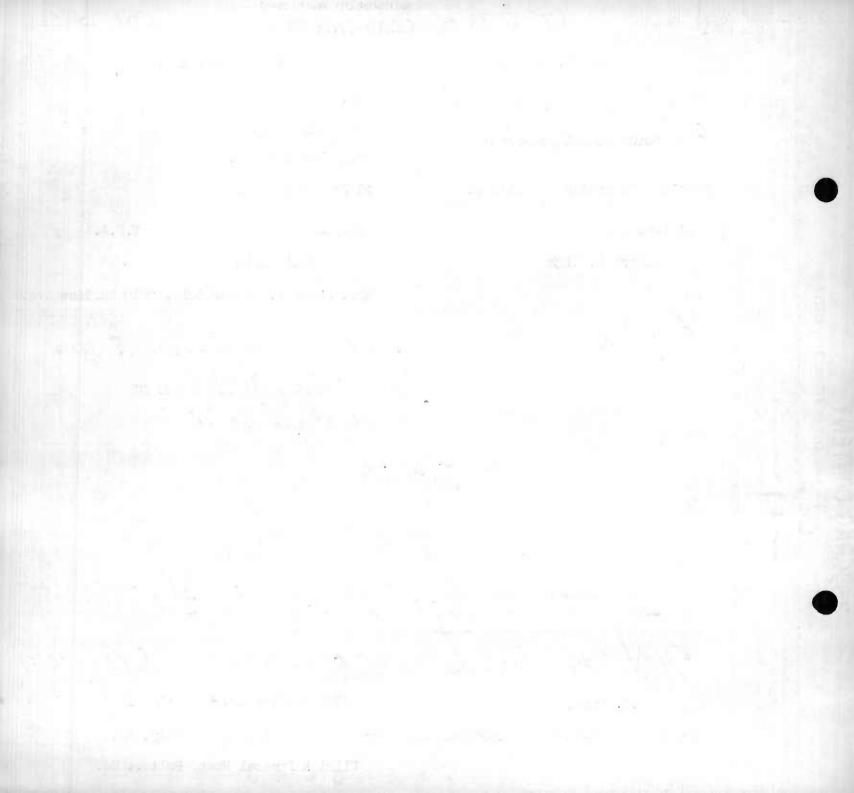
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Deceased death

BALTIMORE CITY HEALTH DEPARTMENT 8623 CERTIFICATE OF DEATH Registered Na. BIRTH NO. M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) SOPHIA V. LE SAGE 7 September 1967 5 , / OTT, N 3. PLACE OF DEATH IN BALTIMORE MARYLAND B. COUNTY A. STATE Md. (If not in hospital or institution, give street HOSPITAL OR (If outside city limits, write RURAL and give township C. CITY OR TOWN Baltimore City
D. STREET ADDRESS (IF 2910 Harview Ave. 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 75 Hours 21 Jan 1892 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. 14. MOTHER'S MAIDEN NAME Katie Heim ADDRESS Mrs. Ehrma L. Butterfield, 2910 Hartiew Ave. ONSET AND DEATH es or No. 208. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? and that In(my) ( application death accurred on the date and haur and from the causes stated above. (1) (Wet (Ma) (did not) view the bady after death. Director 4706 Harford Rd. 24D. LOCATION Baltimore County, Md. 25C. FUNERAL DIRECTOR Ullrich Funeral Home, Balto., Md.



| BIRTH NO. MEL  | JICAL E   | KAMINEK 5 CI  | EKTIFICA                             | IE OF                            | JEA IH Registi                             | red No.  |
|--|---|---|--------------------------------------|----------------------------------|--|--|
| M.E. CASE NO.  |   |   |                                      |                                  |  |  |
| 1. NAME OF DECEASED  | 2. DATE AND HOUR PRONOUNCED DEAD  |   |                                      |                                  |  |  |
| GERALD 3. PLACE IN BALTIMORE, MARYLAND,  | WHERE PRONO   | HUE'S   | 4. USUAL RESI<br>A. STATE            | DENCE (Where                     | tember 3, 19 deceosed lived. If ins B. COU | titution: residence bofore gdmiss                      |
| FULL NAME OF (IF NOT IN HOSPI<br>HOSPITAL OR ADDRESS OR LOC  | TAL OR INSTITU  | UTION, GIVE STREET                                      |                                      | OWN (If outsid                   | e corporate limits, write                  | e RURAL and give township)                             |
| City Hospital (DOA   | )   |   | D. STREET ADI                        | imore  DRESS (If rurol,  Aldwort |  | 0 5 - 00   |
| 5. SEX 6. RACE   | 7. MARRIED,<br>WIDOWED,   | NEVER MARRIED DIVORCED(specify)                         | B. DATE OF BIR                       |                                  | 9. AGE (In years lost birthday)            | If Under 1 Yr, If Under 24 H<br>Months Doys Hours , Mi |
| Male White   | Marrie  |   | Feb. 6                               | 1924                             | 43.4                                       |  |
| OA. USUAL OCCUPATION (Give kind of w<br>lone during most of working life, even if retired<br>Route salesman  | )   | f Business or industry                                  | Penna                                | a.                               |  | U.S.A.   |
| 3. FATHER'S NAME   |   |   | 14. MOTHER'S                         | MAIDEN NAM                       | E  |  |
| Samuel Huey  |   |   | Lela Me                              |                                  |  |  |
| 5. WAS DECEASED EVER IN U.S. ARM<br>(es, no or unknown) (If yes, give wor or do  | ED FORCES?<br>otes of service)  | 16. SOCIAL<br>SECURITY NO.                              | 17. INFORMANT                        |                                  |  | ADDRESS  |
| Yes W W 2 W W 2  |   | 218-16-1052   | Mrs. I                               | rma Huey                         | 1705 Manni                                 | ng Road  |
| RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST UNDERLYING CONDITION LAST OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT EDISEASE OR CONDITION CAUSIN 19A, DATE OF OPERATION 19B, CC   | S CONTRIBUTION TO THE STATE OF | THE   | 20A. AUTOPS                          | Y? (Yes or No)                   | 208, IF YES, WERE FI                       | NDINGS CONSIDERED                                      |
| WAS PI   | ERFORMED  |   | No                                   |                                  | IN CERTIFYING CAU                          | SES OF DEATH?  |
| ✓ 21A. EXTERNAL CAUSE WAS<br>UNDERLYING OR CONTRIB-<br>UTING CAUSE OF DEATH.   | 21 B.<br>home<br>etc.)  | PLACE OF INJURY (e.g., i<br>e, form, foctory, street, o | n or obout 21C.<br>ffice bldg., INJU | WHERE DID<br>RY OCCUR?           | (If in Boltimore City, gi                  | ive exact location)                                    |
| 21D TIME (Month) (Doy) (Ye (APPROX.)   | \   | WHILE AT NOT NOT NORK                                   | WHILE                                | IOW DID INJU                     | JRY OCCUR?                                 |  |
| 22. I certify that I held on resulted from: Natural control of the sum of the | Inquiry   | Inspection Auto   | Homic                                | MEDICAL EX                       | CAMINER X                                  |  |
| (3A. BURIAL CREMATION, REMOVAL (Specify)  Burial  9/7/6  | 7   | C. NAME of CEMETERY of Oak Lawn Ceme                    | tery                                 | С                                | olgate, Md.                                | , town, or county) (State)                             |
| SEP 11 1967  | P. Ce S   | OF REGISTRAR  |                                      | ral director                     | ral Home Du                                | address<br>ndalk, Md.                                  |
| S 151-REV. 1/1/65  | 1 ()  | 6 / 0 0   | 000                                  | 5 1 1                            |  |  |

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| 1 "                         | 1-45   |
|-----------------------------|--|
| FUNERAL DIRECTOR: IMPORTANT | This certificate must be appraved by the chief medical examiner ar his assistant if death occurred in a hospital and the bady was released to the hospital by a medical examiner. Also, if the direct ar contributing cause of death shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such |
| FUNERAL DIRE                | This certificate must be appraved by the chief medical ex<br>the bady was released to the hospital by a medical ex<br>shaws: (1) An accident of any nature; (2) Body burns; (3)<br>was D.O.A. at a haspital (except where the physician v<br>deceased prior to death); and (6) No physician was in   |

|                                  | H NO. 67 8   | 696                            | TE OF DEATH   | Registered Na                           | 67 8626                          |  |
|----------------------------------|--|--------------------------------|---|---|----------------------------------|--|
| 1. N                             | AME OF DECEASED  |                                | 2. DATE   | AND HOUR OF DEATH                       | 1                                |  |
|                                  | James Williams   |                                | Sen   | tember 6. 19                            | 67 11:00p                        |  |
| 3. F                             | LACE OF DEATH IN BALTIMORE, MARYLAND   | A. STATE B. CDL                | INTY  | institution: residence before admission |                                  |  |
| F                                | FULL NAME OF (If not in hospital or institu  | Maryland                       |   |   |                                  |  |
| HDSPITAL DR oddress or location) |  |                                | C. CITY OR TOWN (If outside city limits, write JURAL and give-township)                       |   |                                  |  |
|                                  | NSITOTION  |                                | Baltimore   |   |                                  |  |
| A                                | OBolton Hill Nursing &   | Conv. Center                   | D. STREET ADDRESS (If rurol, give location)   |   |                                  |  |
| 1                                | Oportion milit was sing &  | OOIIA . OOII GOT.              | 200 504   | mandam Ct                               |                                  |  |
| 5. S                             | EX 6. RACE 7. MAI  | RRIED, NEVER MARRIED           | B, DATE OF BIRTH  9. AGE (In years   If Under 1 Yr, If Under 24 Hr   Months; Doys Hours; Min. |   |                                  |  |
|                                  |  | OWED, DIVORCED (specify)       |   | lost birthdoy)                          | Months Doys Hours Min.           |  |
| 103                              | Male Negro . USUAL OCCUPATION Give kind of work 108. Kth   | Marredd                        | 11. BIRTHPLACE (Stote or fo   | 74                                      | 12, CITIZEN OF                   |  |
|                                  | e during most of working life, even if retired}  | ID OF BOSHAESS OK HADOSTKI     | 11. BIKITI EACE (SIBLE OF 10  | reign country/                          | WHAT COUNTRY?                    |  |
|                                  |  |                                | Virginia  |   | U.S.A.                           |  |
| 13.                              | FATHER'S NAME  |                                | 14. MOTHER'S MAIDEN N   | AME                                     |                                  |  |
|                                  | James Williams   |                                | Flica Cai Ca  | 74 m                                    |                                  |  |
| 15 1                             | Wos Deceased Ever in U. S. Armed Forces?   | 16 500141                      | Eliza Griff   | ın                                      | ADDRESS                          |  |
|                                  | (if yes, give wor or dotes of ser  | 1 6. SOCIAL<br>SECURITY NO.    | 17. INFORMANT   |   | ADDKE32                          |  |
|                                  | No   | 215-07-1498A                   | Bolton Hill   | Nurs. & Con                             | nv. Center                       |  |
|                                  | 1B. 010 V  | CAUSE O                        |   |   | INTERVAL BETWEEN ONSET AND DEATH |  |
| FICATION                         | ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il any, g tise to the obove cause (A) sloting UNDERLYING CONDITION last.  II  DTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 198. CONDITION   | UTING Cerebral THE CORPORATION | Thrombosis  | No) 208, IF YES, WERE                   | FINDINGS CONSIDERED              |  |
| RTIFIC                           | WAS PERFORMED  |                                | IN CERTIFYING C.  | AUSES OF DEATH?                         |                                  |  |
| ш 1                              | 21 A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF   DEATH (notify medical examiner)   21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID   (If in Boltimore City, give exact location location)   Or contribution   Cause of the contribution   Or contri |                                |   |   |                                  |  |
| 0                                | 21 D. TIME (Month) (Doy) (Year) (Hour)   | 21E. INJURY OCCURRED           | 21 F. HOW DID IN  | JURY OCCUR?                             |                                  |  |
| ME                               | OF INJURY<br>(APPROX.)   | e 📉                            |   |   |                                  |  |
|                                  |  | Work At Work                   |   |   |                                  |  |
|                                  | 22. I certify that (I) (this hospital) attend  | ded the deceased fram          | 9/1   | 19 67 to                                | 9/6 196                          |  |
|                                  | that (I) (we) last saw the deceased alive  | an 9/6                         | 1967 and  | that In(my) (aur) ap                    | pinian death accurred an the d   |  |
|                                  | and haur and from the causes stated abo  | ///                            | /   |   |                                  |  |
|                                  | 23A. SIGNATURE   | ve. (1) (we) (did) (did hai) v | lew the budy utter deuti  | •                                       | 23B. DATE SIGNED                 |  |
|                                  | 23A. STONYLORE   | AA D And                       | ending Med.   | Stoff                                   | 238 DATE SIGNED                  |  |
|                                  | William Thomas   | M.D. Atte                      | s. Director   | Phy s.                                  | 9/1/0/                           |  |
| -                                | 23C PHYSICIAN'S<br>NAME (Type)   |                                | 23D. ADDRESS 1917   | N Wholk                                 | 57                               |  |
|                                  | Alvin Thompson   | M.D.                           | 1856  | R 111                                   | 01213                            |  |
| 24 A                             |  | 4C. NAME OF CEMETERY OF CRE    | MATORY  | Darton 1                                | 2/2/5.                           |  |
| 2414                             | REMOVAL (Specify)  | SO, MANIE OF CEMETERT OF CRE   | 240.  | LOCATION                                | City, town, or county) (State)   |  |
|                                  | Birial 9-11-67   | Arbutus Mem. I                 | Park  | Baltimore                               | Maryland                         |  |
| 25A                              | ARRA C CONT A  | ME OF REGISTRAR                | 25C. FUNERAL DIRECTO  | OR .                                    | ADDRESS                          |  |
|                                  | SEP 11 1967 R. Q   | with E stable 17th             | Charles R.  | Law 802 Mar                             | dison Ave.                       |  |
| VS.                              | 150-REV. 1/1/65  | / 0 / 0 / 1                    | 0 6 4   | 0                                       |                                  |  |
|                                  | 130-42 1. 17 17 03   |                                |   | 146                                     |                                  |  |

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4/25/67-Resp. Ensuf due to TB.
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general Blag

|  | Cr  | 000               | BALTIMORE CITY  | HEALTH DEPARTMENT        |                           | CM 0000                                 |
|--|---|-------------------|---|--------------------------|---------------------------|---|
| BIRTH NO.  | 07  | 00%               | CERTIFICA   | TE OF DEATH              | Registered No             | 67 8629                                 |
| M.E. CASE NO.  |   |                   | GERTITION   |                          |                           |   |
| 1. NAME OF DE  | Anna Vane   | k                 |   |                          | Sept. 8, 1967             | н<br>1 5,35 р.,                         |
| 3. PLACE OF D  | EATH IN BALTIMORE, MA                                       | RYLAND            |   | 4. USUAL RESIDENCE       | Where deceased lived, If  | institution; residence before admission |
| FULL NAME  |   | or institution, g | give street   | Maryland B. Co           | Baltimore (               |   |
| HOSPITAL OR oddress or locotion) INSTITUTION House in the Pines, Belvedere |   |                   |   | Randallstow              | n 21133                   | RURAL ond give township)                |
| 90   |   |                   |   | 8605 Gray F              | (If rurol, give locotion) |   |
| 5. SEX   | 6. RACE   | 7. MARRIED,       | NEVER MARRIED   | B. DATE OF BIRTH         | 9. AGE (In years          | If Under 1 Yr. If Under 24 Hrs          |
| Female   | White   |                   | d (specify)   | Aug. 1, 18               |                           | Months Doys Hours Min.                  |
|  | CUPATION (Give kind of world working life, even if retired) | 108. KIND OF      | BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (State of | foreign country)          | 12. CITIZEN OF<br>WHAT COUNTRY?         |
|  |   |                   | CONTRACTOR OF THE PROPERTY OF | Czechoslovak             | 4 9                       | U.S.A.                                  |
| Housev   |   | none              |   | 14. MOTHER'S MAIDEN      |                           | 0.0.2.                                  |
| 13. FATHERS NA   | AME   |                   |   | 14. MOTHER'S MAIDEN      | NAME                      |   |
| Frank  | Sik   |                   |   | Frankes Me               | rta                       |   |
|  | ed Ever in U. S. Armed For                                  | ces?              | 1 6. SOCIAL   | 17. INFORMANT            |                           | Par DADDRESS                            |
| Yes, no or unknov  | wn) (If yes, give wor or dote                               | s of service)     | security nd.  |                          |                           | Fox Randerss<br>town, Maryland          |
| 18. / 🔾 .  | 471   |                   | CAUSE O   | F DEATH                  |                           | INTERVAL BETWEEN                        |
| DISE   | ASE OF CONDITION DI   | SECTIV            |   |                          |                           | ONSET AND DEATH                         |
| DIZE   | LEADING TO DEATH  | RECILI            | P   | of the                   | 10.10                     | mest 1                                  |
| (This door   | not mean the made of  | duine e.e.        | (A) Carce   | some I Ing               | 14000                     | June = 6/                               |
|  | e, osthenia, etc. It means                                  |                   | DUE 10  | 0 (/                     |                           | 4                                       |
|  | amplication which caused                                    |                   | 2.1   | 0. 1. 10.                | 11 11.                    | Jun = 1917.                             |
|  | ANTECEDENT CAUSES   |                   | (B)   | astason to le            | ff eury.                  | 9-1110/2                                |
|  |   |                   | DUE TO  |                          | 1=                        |   |
|  | OR CONDITIONS, il   |                   | · Proper  | marks L Ca.              | Mai Farlure               |   |
|  | The above couse (A)   | slaling ine       | (C) // Ca   | orrondes I con           |                           |   |
| ONDEREN  | 10 00110111011 1031.  |                   | Care  | enomerodes               | •                         |   |
| E TO THE   | II<br>NIFICANT CONDITIONS C<br>DEATH BUT NOT RELA           | ATED TO THE       | 3   |                          |                           |   |
| A DISEASE O  | R CONDITION CAUSING   |                   |   | 100                      |                           |   |
| 19A. DATE O  | OF OPERATION 198. CON<br>WAS PER                            |                   | VHICH OPERATION   | 20 A. AUTOPSY? (Yes o    | IN CERTIFYING C           | E FINDINGS CONSIDERED AUSES OF DEATH?   |
|  | ENT WAS UNDERLYING  | 21 R              | PLACE OF INJURY (e.g., in   | or obout 21C. WHERE DI   | D (If in Boltime          | ore City, give exact location)          |
| OR CONTRI  | BUTING CAUSE OF   | hom<br>etc.)      | e, form, foctory, street, of  | fice bldg., INJURY OCCUI | R?                        | ore only, give experiencement           |
| O 21D. TIME  | (Month) (Doy) (Year)  | (Hour) 21E.       | INJURY OCCURRED   | 21F. HOW DID             | INJURY OCCUR?             |   |
| OF INJURY  |   | Whi               | le At   Not While   |                          |                           |   |
| (APPROX.)  |   | Wor               |   |                          |                           |   |
| 22 1   | fy that (1) (this hospital                                  | ) attached t      | a deceased to   | me 42                    | 1967 to 9-                | -8- 1967                                |
| 22. 1 Cerrii   | ry mar (1) (ims naspiral                                    | i) dilended ii    | e deceased fram   | 14                       |                           |   |
| that (I) (w  | e) last saw the decease                                     | d alive an        | 7700 G France   | 19.6 and                 | d that in(my) (aur) ap    | pinian death accurred an the da         |
| and hour a   | nd from the causes sta                                      | ted abave. (I     | ) (We) (did) (did not) Y  | ew the bady after dea    | ath.                      |   |
| 23A. SIGNA   |   | 0 1               | , (, (, (, 1) )   | 1011 1110 0007 01101 000 | -1110                     | 23 B. DATE SIGNED                       |
| 2371 310114  | Bunace Q. C   | oken              | 1 100 400   | - day -                  | S1-11                     |   |
|  | (20 1 Dz  | . C. Cov          | era. M.D. Atte  | s. Med. Director         | Staff Phy s.              | 9/8/67.                                 |
| 23C. PHYSIC  |   |                   |   | 23D. ADDRESS             |                           |   |
| NAME   | (Type) T A  | cd                |   | 4                        | 6 610 - 30                | 50151. Pane sa                          |
| BERM   | IARD. J. COH  | E// 1             | M.D.  | The maryland             | on office so              | , and of                                |
| 24A. BURIAL CI<br>REMOVAL  |   | 24C. N.A          | ME of CEMETERY OF CRE   |                          |                           | City, town, or countyl (State)          |
| Burial   | 9/11/6  | Dru               | id Ridge Ceme   | terv                     | Pikesville,               | Balto Co. Md.                           |
| 25A. DATE REC  | D BY HEALTH DEPT.   | 258 NAME O        | F REGISTRAK   | 25% FUNERAL DIREC        | JOR 877                   | 8 A LADDRESS                            |
|  | SEP 1 1 1067  | 10 DE BL          | Q TEATH MA  | Vania d.                 | Date                      | The state of the                        |
|  | API TT 1901   | Vilace (1)        | C Marketing   | Della T                  | yer par                   | racessour the                           |
| VS 150-REV. 1/   | 1/65  |                   |   |                          |                           |   |

Commen of thepaid to Marin !! netherland to light leave . Jane 967. manufort Carerie Febru La grand 73/3/6 The Manylandon Syp. 350151. Pave 21 BERNARD J COREH.

|                           | 67  | 0000   | BALTIMORE CITY                         | HEALTH DEPARTMENT                                       |  | 0000  |
|---------------------------|---|--|--|---|--|---|
| BIRTH NO.                 | 07  | 8631   | CERTIFICA                              | TE OF DEATH   | Registered No.                         | 67 8630   |
| (Typ MXX                  | DECRASED<br>DECREASED   | LAURA  | Millenburg                             | 2. DATE   | AND HOUR OF DEATH                      | 1967 4:25 A   |
| FULL N                    | ST AGNES HO   | SPITAL or institution,   | give street                            | A. STATE MARYLAND                                       | here deceased lived. If in UNTY        | stitution: residence before admission                     |
| HOSPITA                   | CATON & W   | on)  | AVE.                                   | BALTIMORE   | outside city limits, write             | RURAL and give township)                                  |
| 40                        | BALTO   | 21223  | MO                                     | 144 SIEGWA  | and the second second                  |   |
| 5. SEX<br>FEM             |   | MAR  | NEVER MARRIED<br>D, DIVORCED (specify) | 8. DATE OF BIRTH 02/14/89                               | 9. AGE (In years lost birthday) 78     | If Under 1 Yr. If Under 24 Hrs.<br>Months Doys Hours Min. |
| done during               | OCCUPATION (Give kind of wo<br>most of working life, even if retired<br>EWIFE   |  | BUSINESS OR INDUSTRY                   | 11. BIRTHPLACE (State or f                              |  | 12. CITIZEN OF WHAT COUNTRY?                              |
| 3. FATHER                 | UNKNOWN   |  |  | 14. MOTHER'S MAIDEN N                                   | IAME                                   |   |
| 5. Wos De<br>Yes, no or u | nknown) (If yes, give war ar da   | orces?<br>tes of service)  | 1 6. SOCIAL<br>SECURITY NO.            | 17. INFORMANT   |  | ADDRESS   |
| N                         | 0   |  |  | ADM. SLIP   | ST A                                   | GNES HOSP.  |
| DISEA rise UNDE           | does not meen the made of loiture, osthenia, etc. It meen or complication which cause ANTECEDENT CAUSE.  SES OR CONDITIONS, if to the above couse (ARLYING CONDITION lost.  R SIGNIFICANT CONDITIONS HE DEATH BUT NOT REI | s the disease, d deoth.)  S  any, giving ) stating the  CONTRIBUTION LATED TO TH | (C)                                    | h multiples   | metastare                              | 7   |
|                           |   |  | WHICH OPERATION                        | 20 A. AUTOPSY? (Yes or                                  | No. 208. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED<br>USES OF DEATH?                     |
| OR CO                     | CCIDENT WAS UNDERLYING DITRIBUTING CAUSE OF   | 21 B.<br>hom<br>etc.   | e, form, factory, street, a            | n or about 21C. WHERE DID<br>ffice bldg., INJURY OCCUR? | (If in Boltimore                       | e City, give exoct location)                              |
| 21 D. TI<br>OF INJ        | IURY  |  | ile At Not Whi                         |   | NJURY OCCUR?                           |   |
| that (                    | certify that (1) (this hospite<br>(we) last saw the decease   | sed alive an_  | SEPT 7                                 | 19 67 and   | that in (m) (aur) api                  | EPT . 7 19 67   |
|                           | our and from the couses st<br>GNATURE   | ated abave. N  |  | ending Med.   | Stoff Phys.                            | 23B. DATE SIGNED 9-2-67                                   |
|                           | Taulino D. Va   | 00/10,   |  | ST. AGNES H   |  | 21229<br>WILKENS AVES.                                    |
| 24A. BURIA                | AL CREMATION. 248. DATE   | 24C. N   | AME of CEMETERY OF CR                  | EMATORY 24D   | LOCATION (C                            | ty, town, or county) (State)                              |
| Buri                      |   |  | oudon Park Cer                         |   | Baltimore, Ma                          |   |
| 25A. DATE                 | SEP 11 1967   | 258 NAME C   | of BEGISTAAR JOHN MA                   | Howard H. Hi  |  | Wilkens Avenue  |
| V\$ 150-RE\               | /. 1/1/65   |  | -/                                     | 6 6 5   | 0                                      |   |

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IMPORTANT

DIRECTOR:

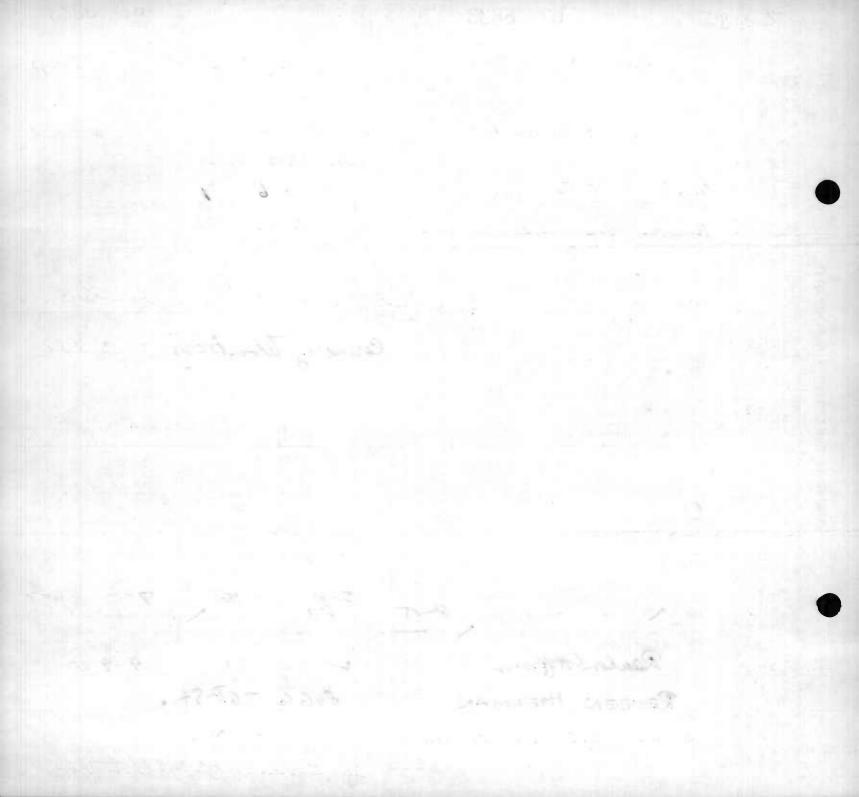
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

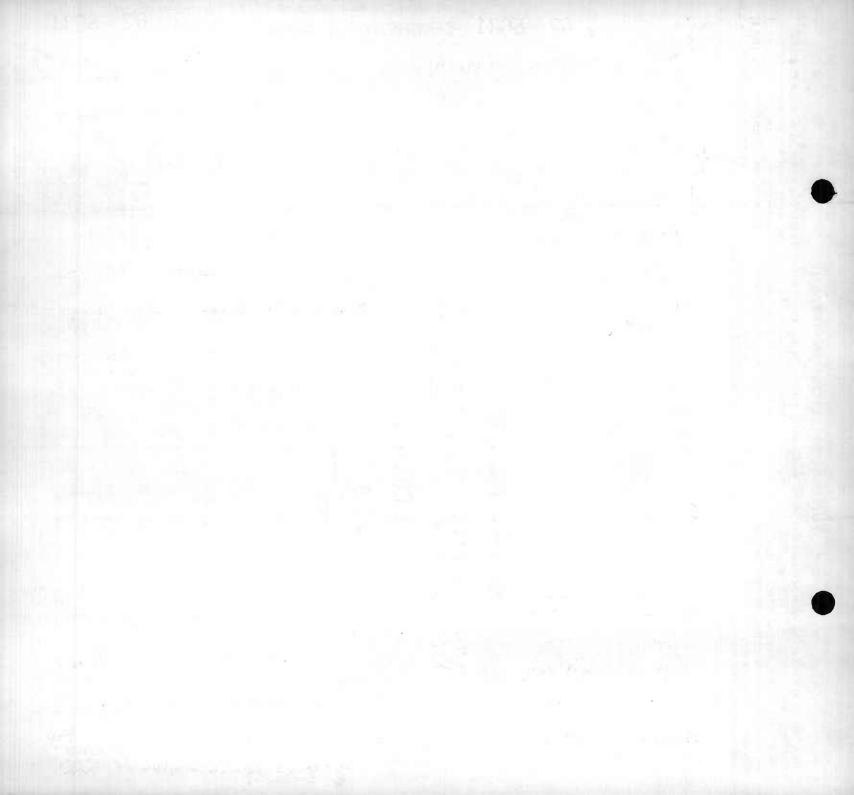
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| SEPT ADDRESS (If ruro OF BIRTH  TOF BIRTH  THER'S MAIDEN NAME  | e city limits, write R  Il, give locotion)  FENUE  AGE (In years to bidhday)  country)  | URAL and give township)  If Under 1 Yr. If Under 24 Months; Days Hours Mi  12. CITIZEN OF WHAT COUNTRY?   |
|--|---|---|
| Y OR TOWN (If outside the property of the prop | e city limits, write R  of, give location)  renue  AGE (In years t birthday)  country)  | URAL and give township)  If Under 1 Yr. If Under 24 Months Days Hours Mi  |
| Y OR TOWN (If outside the property of the prop | e city limits, write R  of, give location)  renue  AGE (In years t birthday)  country)  | URAL and give township)  If Under 1 Yr. If Under 24 Months Days Hours Mi  |
| FOR TOWN (If outside the control of  | enue AGE (In years t birthday) country)   | If Under 1 Yr. If Under 24 Months Days Hours Mi   |
| EET ADDRESS (If ruro )5 Miles Av  OF BIRTH  OF SIRTH  OT 5 1896  OTHERS MAIDEN NAME  | enue AGE (In years t birthday) country)   | If Under 1 Yr. If Under 24 Months Days Hours Mi   |
| OF BIRTH  OF BIRTH  OF STATE  OF BIRTH  OF STATE  OF BIRTH  OF STATE  OF BIRTH  OF BIR | AGE (In years to birthday)  | 12. CITIZEN OF  |
| OF BIRTH  OF BIRTH  OF STATE  OF BIRTH  OF STATE  OF BIRTH  OF STATE  OF BIRTH  OF BIR | AGE (In years to birthday)  | 12. CITIZEN OF  |
| THER'S MAIDEN NAME   | AGE (In years<br>t birthday)<br>country)  | 12. CITIZEN OF  |
| THE MAIDEN NAME  | t birthdoy)  country)   | 12. CITIZEN OF  |
| md,  |   |   |
| THER'S MAIDEN NAME   |   | WHAT COUNTRY?   |
| THER'S MAIDEN NAME   | -0 175  |   |
| ?  |   |   |
|  |   |   |
| DRMANT   | ,   | ADDRESS   |
| en I. Losto  | n 2805  | miles Auc.  |
|  |   | INTERVAL BETWEEN  |
|  |   | ONSET AND DEATH   |
| IN Ilha  | bosis   | Sudda   |
| of the second  |   |   |
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| ) #### ##### #########################   |   |   |
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|  |   |   |
|  |   |   |
| AUTOPSY? (Yes or No)   | OB. IF YES. WERE F  | INDINGS CONSIDERED  |
|  | N CERTIFYING CAU  | ISES OF DEATH?  |
| 121C. WHERE DID  | (If in Boltimore  | City, give exact location)  |
| , INJURY OCCUR?  |   |   |
|  |   |   |
| 21F. HOW DID INJURY  | Y OCCUR?  |   |
|  |   |   |
| -60 19   | K: to   | 9-6 196   |
|  |   | *   |
|  |   | asam accorres all the   |
| body after death.  |   | DATE GIGNED   |
| Mad == Sta   |   | 23B. DATE SIGNED  |
| Director Phy   | y's   | 9-9-67  |
| _  | 625K.   |   |
|  | ATION (Cir  | y, town, or county) (Sto  |
|  | 1. 1  |   |
|  | uola.   |   |
| FUNERAL DIRECTOR   | 1   | ADDRESS   |
| Chapeters  | war 36 15   | Chestral Auc  |
|  | AUTOPSY? (Yes or No) 2  In 21C. WHERE DID INJURY OCCUR?  21F. HOW DID INJUR  20 19 20 and that body after death.  Med. Director Sta | AUTOPSY? (Yes or No) 208. IF YES, WERE FIN CERTIFYING CAU  11 21 C. WHERE DID (If in Boltimore INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  22 F. HOW DID INJURY OCCUR?  24 D. LOCATION (Cit Ballola, |

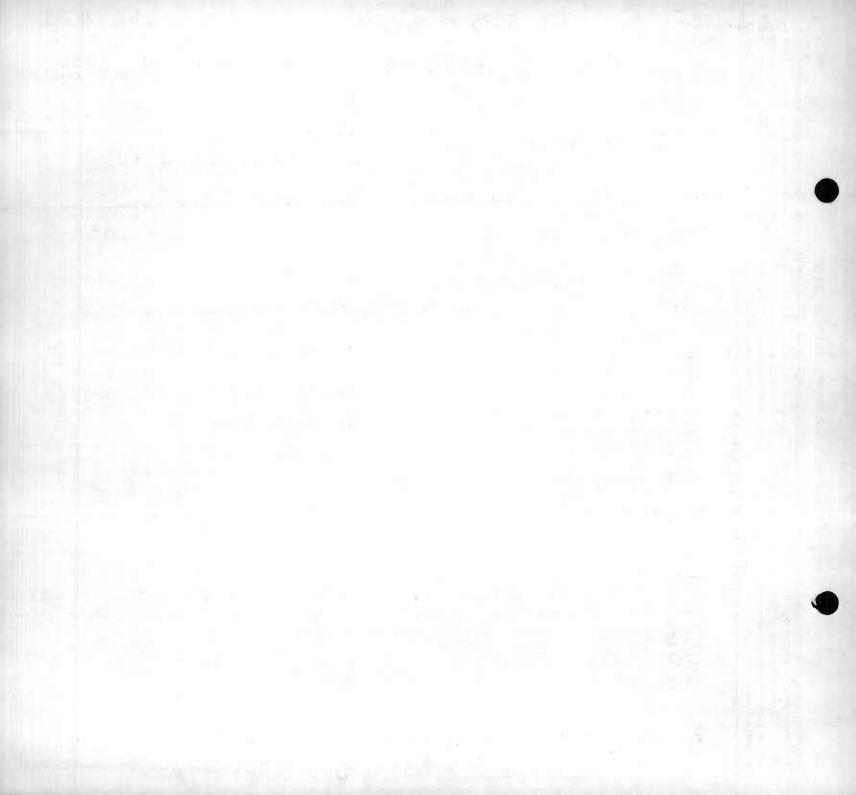


FUNERAL DIRECTOR:

|   |                           | BALTIMORE CI                     | TY HEALTH DEPARTMENT              |                               |  |
|---|---------------------------|----------------------------------|-----------------------------------|-------------------------------|--|
| BIRTH NO. 67  | 8634                      | CERTIFIC                         | ATE OF DEATH                      | Registered Na                 | . 67 8634                                |
| M.E. CASE NO.  1. NAME OF DECEASED  |                           |                                  |                                   | ID HOUR OF DEAT               |  |
| Type or Print) BAKE   | R F                       | MMA                              | 2. DATE AN                        | 9/7/67                        | 1 11:38 1                                |
| PLACE OF DEATH IN BALTIMORE, M  |                           | 1.11.17.1                        | 4. USUAL RESIDENCE (When          | re/decessed lived. If         | institution: residence before admission) |
|   |                           |                                  | A. STATE B. COUN                  | ITY /                         |  |
| FULL NAME OF (If not in hospital HOSPITAL OR oddress or location)                       | l or institution,<br>on)  | give street                      | C. CITY OR TOWN (H out            | tside city limits, write      | RURAL ond give يسطر RURAL ond give       |
| SINAL HOSPITAL OF   | BALTIM                    | ORE INC.                         | BALTINGON                         | RE                            | 68-31                                    |
| 42  |                           |                                  | /11 , 1                           | rurol, give location)  VIEW A | /E.                                      |
| 5. SEX 6. RACE  | 7. MARRIED,               | NEVER MARRIED                    | B. DATE OF BIRTH                  | 9, AGE (In years              | If Under 1 Yr. , If Under 24 Hrs.        |
| FEMALE WHITE  |                           | ARRIEN                           | 1/21/00                           | lost birthdoys                | Month's Doys Hours Min.                  |
| OA, USUAL OCCUPATION (Give kind of we   | rk 108, KIND OF           | BUSINESS OR INDUST               | RY 11. BIRTHPLACE (State or forei | gn country)                   | 12. CITIZEN OF                           |
| lone during most of working life, even if retired                                       |                           |                                  | 0 .                               |                               | WHAT COUNTRY?                            |
| HOUSE WIFE  |                           |                                  | MUSSIA                            |                               | USA.                                     |
| 3. FATHER'S NAME  |                           |                                  | 14. MOTHER'S MAIDEN NAM           | ME                            | A  |
| HARVEY ISS  | AC A)                     | PPEL                             | SYLVIA                            | A                             | + APPEL                                  |
| 5. Was Deceased Ever in U. S. Armed F<br>Yes, no or unknown) (If yes, give wor or do    | orces?<br>tes of service) | 16. SOCIAL<br>SECURITY NO.       | 17. INFORMANT                     | 11                            | ADDRESS                                  |
| No  |                           | ?                                | MRS SYLVIA                        | BENWETT                       | 3401 LYNVIEW AUG                         |
| 18. 334 X I   |                           | 4 CAUSE                          | OF DEATH                          | TICIO IVE /                   | INTERVAL BETWEEN ONSET AND DEATH         |
| DISEASE OR CONDITION D  |                           |                                  | 0                                 |                               |  |
| LEADING TO DEATH  |                           | (A) A                            | CUTE RENAL F.                     | ALLURE                        | UNUNOUN                                  |
| (This does not mean the made of heart lailure, asthenia, etc. If mean                   |                           | DUE TO                           | STROINTESTIAVAL HE                | MINORHARE                     | UNKWOWN                                  |
| injury or camplication which couse  |                           |                                  |                                   |                               |  |
| ANTECEDENT CAUSE  | 2                         | (B) CHM                          | PONIC & PIFFUSE (                 | LEREBRO VASC                  | WLAK 2 years.                            |
|   |                           | DUE TO                           |                                   | INSUFFICIEN                   |  |
| DISEASES OR CONDITIONS, if  |                           | (2)                              |                                   |                               | 4-1                                      |
| UNDERLYING CONDITION last.  | siding the                | (C)                              |                                   | ************************      |  |
|   |                           |                                  |                                   |                               |  |
| OTHER SIGNIFICANT CONDITIONS  | CONTRIBUTION              |                                  |                                   |                               |  |
| TO THE DEATH BUT NOT RE   | ATED TO TH                |                                  |                                   |                               |  |
| DISEASE OR CONDITION CAUSING  |                           |                                  | 100                               |                               |  |
|   | REPORMED                  | WHICH OPERATION                  | 20A. AUTOPSY? (Yes or No          | IN CERTIFYING C               | E FINDINGS CONSIDERED<br>AUSES OF DEATH? |
| U 21A. ACCIDENT WAS UNDERLYING  | 218                       | PLACE OF INJURY (e.g.            | in or obout 21 C. WHERE DID       | (If in Bo)time                | ore City, give exact location)           |
| O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) | hom<br>etc.               | ie, form, foctory, street,       | office bldg., INJURY OCCUR?       | VII III DOMINI                | ony, give exact tocomon                  |
| U   |                           |                                  |                                   |                               |  |
| OF INJURY (Month) (Doy) (Year   | ) (Hour) 21E.             | INJURY OCCURRED                  | 21F. HOW DID INJ                  | URY OCCUR?                    |  |
| (APPROX)  | Wh                        | ile At Not W                     | hile                              |                               |  |
|   |                           |                                  |                                   | 12                            | 100                                      |
| 22. I certify that (1) (this hospite  | al) attended t            | he deceased from                 | 9/6                               | 19 6 / ta                     | 9/7 196/                                 |
| that (1) (we) last saw the deceas   | ed alive an               | 9/1                              | 19.6.7 and the                    | at in (my) (out) a            | pinian death accurred an the date        |
| and haur and fram the causes st   | sted shave (I             | ) (Wa) (did) (did4)              |                                   |                               |  |
| 23A. SIGNATURE  | alea abave. (I            | (me) (ala) <del>(ela net</del> ) | view the bady after death.        |                               |  |
| 25A. SIGNATURE  | 1 6                       | nin.                             |                                   |                               | 23 B. DATE SIGNED                        |
| I Mall relate   | 14 /                      | M.D. A                           | hys. Med. Director                | Stoff Phys.                   | 9/7/6/                                   |
| 23C. PHYSICIAN'S  |                           |                                  | 23D. ADDRESS                      |                               |  |
| NAME (Type)   |                           | M,0                              | CIVA. II                          |                               | 1100                                     |
|   | CHAR                      |                                  | -INAI HOZP                        |                               | ALTIMORE                                 |
| REMOVAL (Specify) 248. DATE   | 24C.N                     | AME of CEMETERY of C             | REMATORY 24D. LO                  | OCATION                       | City, town, or county) (State)           |
|   | .7                        | BNO 100                          | 05/                               | BALTO                         | Mo                                       |
| SA. DATE REC'D THEALTH DEPT.  |                           | PHAL ISR                         | AE L  25C. FUNERAL DIRECTOR       |                               | ADDRESS                                  |
| EN 120  | Valer o                   | G. Janey M.A                     | 5.0 TOWERAL DIRECTOR              | , ,                           | (Farrism)                                |
|   | 1 0                       | 4/18                             | 2 shown is                        | ques of son,                  | Inc my                                   |
| /S 150-REV. 1/1/65  | *                         |                                  | <b>9</b> 9 9                      |                               |  |



|   |  | HEALTH DEPARTMENT  |   | Ch ocor                             |
|---|--|--|---|-------------------------------------|
| A.E. CASE NO.   | 8635 CERTIFICA   |  | Registered No.                                | 67 8635                             |
| NAME OF DECEASED M CROIC  | 2 12 2004 5 12 5 2   |  | HOUR OF DEATH                                 | 100                                 |
|   | OLDSCHEIDER  |  | EMBRIE 1967                                   |                                     |
| . PLACE OF DEATH IN BALTIMORE, MARYLAN  | D  | 4. USUAL RESIDENCE (Where A. STATE B. COUNTY   | deceased lived. If institu                    | tion: residence before odmissio     |
| FULL NAME OF (If not in hospital or inst-   | itution ave sheet  | MD   |   |                                     |
| HOSPITAL OR oddress or tocotion)  | give sileei  |  | de city fimits, write RUR                     | AL and give township                |
| 12.   |  | BACTO  | N Toll  | 15-03                               |
| SINAI HOSP  |  |  | al, give location)                            | Λ                                   |
|   |  | 2900 Reis  | TERSTOWN                                      | Rd                                  |
| SEX   6. RACE   7. M.   | ARRIED, NEVER MARRIED  |  | AGE (In years   If                            | Under 1 Yr., If Under 24 H          |
|   | DOWED, DIVORCED (specify)  |  | st birthdoyl M                                | onths Days Hours Min.               |
| A. USUAL OCCUPATION (Give kind of work 10 B. K  | MARRIED  | MAY 1885   | country) 11:                                  | 2. CITIZEN OF                       |
| ne during most of working life, even if retired)  | into or bosiness or into six.  | The state of total grant of total gr | Cooliny/                                      | WHAT COUNTRY?                       |
| REAL EST  |  | AUSTRIA  |   | Msa                                 |
| FATHER'S NAME   |  | 14. MOTHER'S MAIDEN NAM  |   |                                     |
| 20041   |  | FRIEDA   |   |                                     |
| Was Deceased Ever in U. S. Armed Forces?  | 16. SOCIAL   | 17. INFORMANT  |   | ADDRESS                             |
| es, no arunknown) (It yes, give war or dates at s   | ervice) SECURITY NO.   |  |   | 71,50011,200                        |
| NO  | 215-16-6955  | 1 WIFE   |   | SAME                                |
| 1B. of 20,01  | CAUSE O  | F DEATH  |   | INTERVAL BETWEEN<br>ONSET AND DEATH |
| OTHER SIGNIFICANT CONDITIONS CONTR. TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. |  | I'S DISEASE  |   |                                     |
|   |  |  |   |                                     |
| 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME  | FOR WHICH OPERATION  | 20 A. AUTOPSY? (Yes or No)   | 208. IF YES, WERE FINE<br>IN CERTIFYING CAUSE | DINGS CONSIDERED<br>S OF DEATH?     |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)              | 21 B. PLACE OF INJURY (e.g., inhome, torm, factory, street, or etc.) | n or obout 21C. WHERE DID fine bidg., INJURY OCCUR?  | (It in Baltimare Ci                           | ty, give exact lacotion)            |
| 21D. TIME (Month) (Day) (Year) (Hou   | 1) 21E INJURY OCCURRED   | 21F. HOW DID INJU  | Y OCCUR?                                      |                                     |
| OF INJURY<br>(APPROX.)  | While At Not While   | e  |   |                                     |
|   | Work At Work   |  | (3 3 50                                       |                                     |
| 22. I certify that (1) (this hospital) atte   | nded the deceased from   | 4 DEPL 19  | 67 to 7 St                                    | 79/19.6/                            |
| that (I) (we) last sow the deceased aliv  | re on 1 3684.  | 19   | in(my) (our) apinio                           | n death accurred on the             |
| ond hour and from the causes stated ob  | ove. (I) (We) (did) (did not)  | riew the body ofter death.   |   |                                     |
| 23A. SIGNATURE  |  |  | 23  | B, DATE SIGNED                      |
| Mocks the   | ersh M.D. Att  | ending Med. S  | off _   | 7 SETT. 67                          |
| 23.C. PHYSICIAN'S   | Phy  | s. Director P  | hys.  | 100011                              |
| NAME (Type)   |  |  | 04 -  |                                     |
|   | M.D.   | SINAI HOSPIT   |   | ,                                   |
| AA. BURIAL CREMATION, 248. DATE   | 24C. NAME ef CEMETERY er CR  | EMATORY 24D. LO  | CATION (City, 1                               | lown, or county) (State             |
| Burnal 9/8/67   | Oh Knoweth a   | Band (E  | Sallo   | mod                                 |
| SA. DATE REC'DON-HEALTH DEPT 258. N   | AME OF REGISTRAR   | 25C. FUNERAL DIRECTOR  |   | ADDRESS                             |
| OFL YT 1201   | are tarkens  | Seelyen 5: Al.   | - a Swill C                                   | Garrison, M                         |
| \$ 150-REV. 1/1/65  | 1 2 1 4/1  | 9 0 000  | 1   |                                     |



8-19-67

| BIRTH NO.                                     | 67<br>MED   | 8636 I                       | BALTIMORE CITY HEAL<br>KAMINER'S CI  | TH DEPARTMEN        | TE OF D          | EATH Page                     | 4.67 8636  |
|---|---|------------------------------|--|---------------------|------------------|-------------------------------|--|
|   | MILD  | ICAL LA                      | MAMINER 3 CI   | LKIIIICAI           | LOID             | LATTINEGISTE                  | 60 140.  |
| M.E. CASE NO.  1. NAME OF DEC (Type or Print) |   | LARENCE                      | MEEKINS  |                     |                  | hour pronounce<br>ber 6, 1967 |  |
| 3. PLACE IN BALT                              | THE ATTENDED TO THE PROPERTY OF LOCAL   | ENDED<br>ITION, GIVE STREET  | 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) |                     |                  |                               |  |
| INSTITUTION                                   |   | 10-11-67                     | Cambridge <9_/3  |                     |                  |                               |  |
| 3 8 Un  | iversity Hos  |                              | D. STREET ADDRESS (If rurol, give locotion) 700 WASHINGTON STREET  |                     |                  |                               |  |
| 5. SEX  | 6. RACE   |                              | NEVER MARRIED<br>DIVORCED (specify)  | B. DATE OF BIRTH    | 1                | 9. AGE (In years              | If Under 1 Yr. If Under 24 Hrs.<br>Months, Doys, Hours, Min. |
| Male  | Negro   | MAR                          | RIED   | DEC. 2,             | 1921             | 145                           |  |
|   | UPATION (Give kind of wor<br>working life, even if retired)                                 | 10B KIND OF                  | BUSINESS OR INDUSTRY   | 11. BIRTHPLACE      | Stole or foreign | country)                      | 12. CITIZEN OF WHAT COUNTRY?                                 |
| 13. FATHER'S NAM                              | AE  |                              |  | 14. MOTHER'S MA     |                  |                               | 0.548  |
|   | CLARENCE W  | MEEK                         | TNS  | BH                  | TODA TAN         | HF.                           |  |
|   | ED EVER IN U.S. ARMED   | 16. SO CIAL<br>SECURITY NO.  | 17. INFORMANT  | ODA HAI             |                  | ADDRESS                       |  |
| YES   | 9/6/45  | 12/23/49                     | 213-14-1803  | ALENE M             | EEKINS           | CAN                           | BRIDGE, MD.  |
| (This does                                    | SE OR CONDITION DI<br>LEADING TO DEATH<br>not meen the mode of<br>to oghepio, etc. It meens | dying, e.g.,<br>the disease, |  | OF DEATH Gunshow we |                  | head                          | INTERVAL BETWEEN ONSET AND DEATH                             |
|   | mplication which coused  ANTECEDENT CAUSE   |                              | (B)  |                     |                  |                               |  |

(This does not n heart failure, osth injury or complice ANTE DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimoro City, give exect location) home, form, foctory, street, office bldg., NJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UTING CAUSE OF DEATH. home 21D TIME 21E. INJURY OCCURRED (Month) (Doy) (Year) (Hour) OF INJURY 8-19-67 12:35 Am. WHILE AT (APPROX.) 22,

I certify that I held an Inquiry

19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION

WAS PERFORMED Gunshot wound

700 Walnut Street - first floor

20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED

and that an this basis, death in my opinion

21F. How DID INJURY OCCUR?
Shot self while playing "Russian Undetermined" Roulette"

IN CERTIFYING CAUSES OF DEATH?

resulted from: Natural couses Accident ACTUAL SIGNATURE

Suicide XX Hamicide Undetermined manner X 27 CHIEF MEDICAL EXAMINER

23 D. LOCATION

M.D. ASSISTANT MEDICAL EXAMINERX

Yes

NOT WHILE

Autopsy X

DATE SIGNED

**EXAMINER'S** Charles S. Springate, M.D. NAME (Type) 23C. NAME OF CEMETERY OF CREMATORY

ASSOCIATE MEDICAL EXAMINER

September 9, 1967

23A. BURIAL CREMATION, 238, DATE REMOVAL (Specify)

BETHEL

Inspection

24A, DATE REC'D BY HEALTH DEPT.

24B, NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

ADDRESS

(City, town, or county)

CAMBRIGE, MD

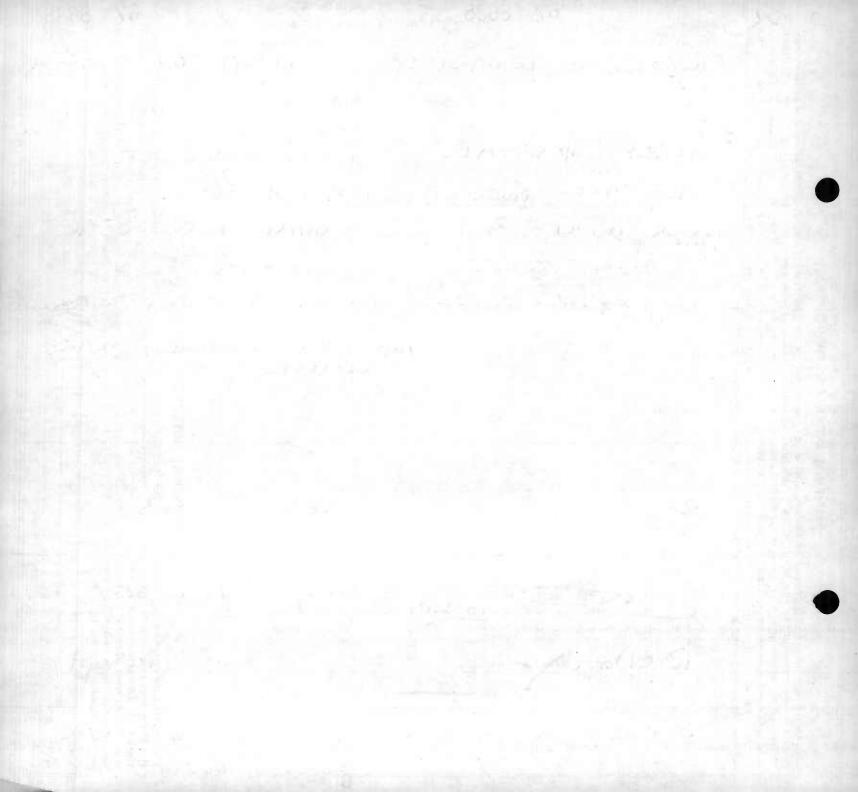
VS 151-REV. 1/4/65

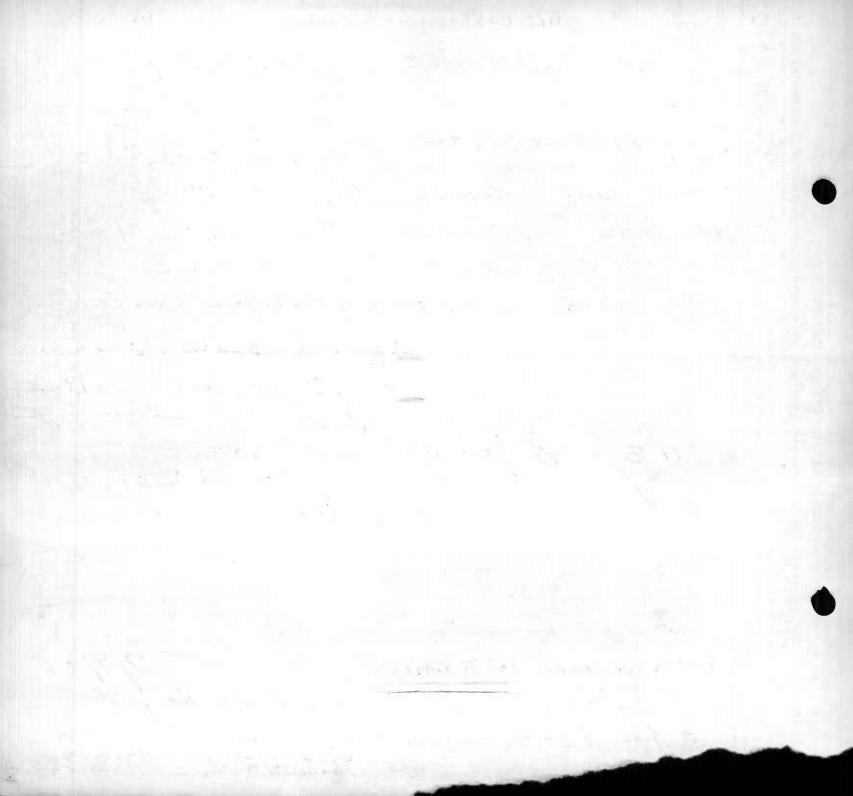
BURIAL

Sine Hespital 8 days. Kolingothe Wareson Susia histogorald Wei-115 Hammitte Wastern Siere BARNOR P-16-67 Church Come Tery Mayorthe, Terrocast Com have buseral Have All lists in

IMPORTANT

FUNERAL DIRECTOR:





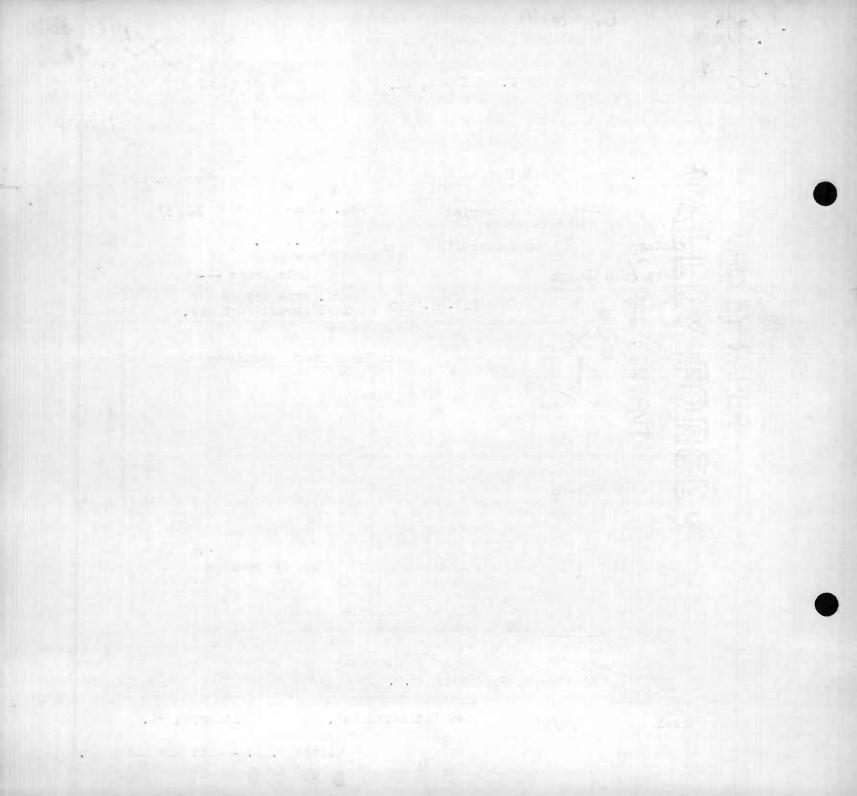
24C. FUNERAL DIRECTOR

Witzke F. D. - 4101 Edmondson Av.

24A. DATE REC'D BY HEALTH DEPT.

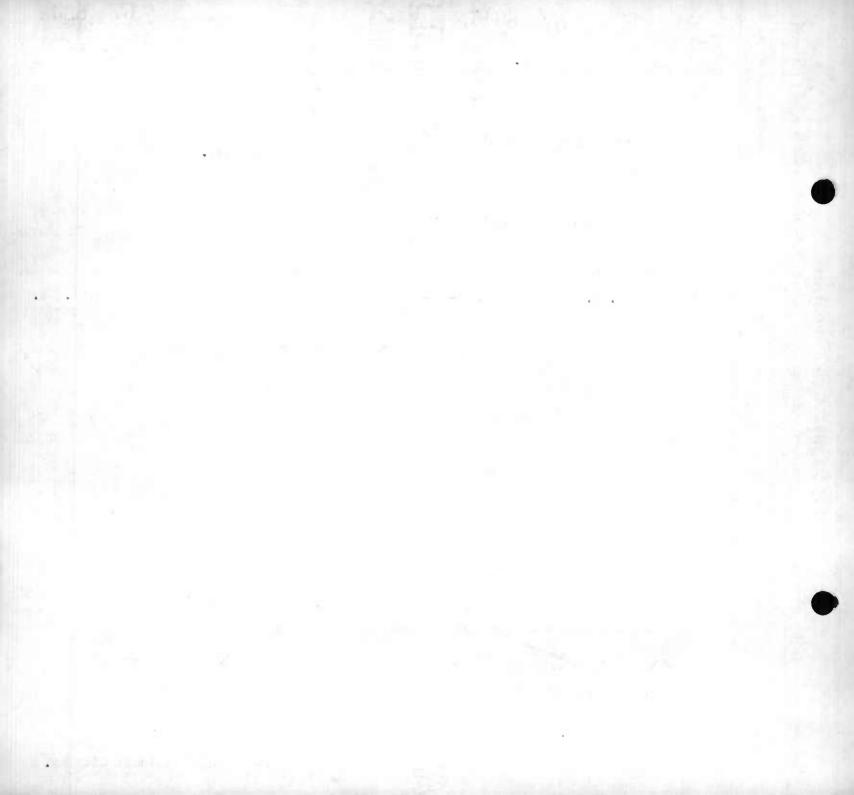
VS 151-REV. 1/1/65

248 NAME OF REGISTRAR



Mayber of Survey & May fred Married Training Tally as a landous Callery hard a styling assyches Lucy shill a 

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

DIRECTOR:

FUNERAL

V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

WHAT COUNTRY?

ADDRESS

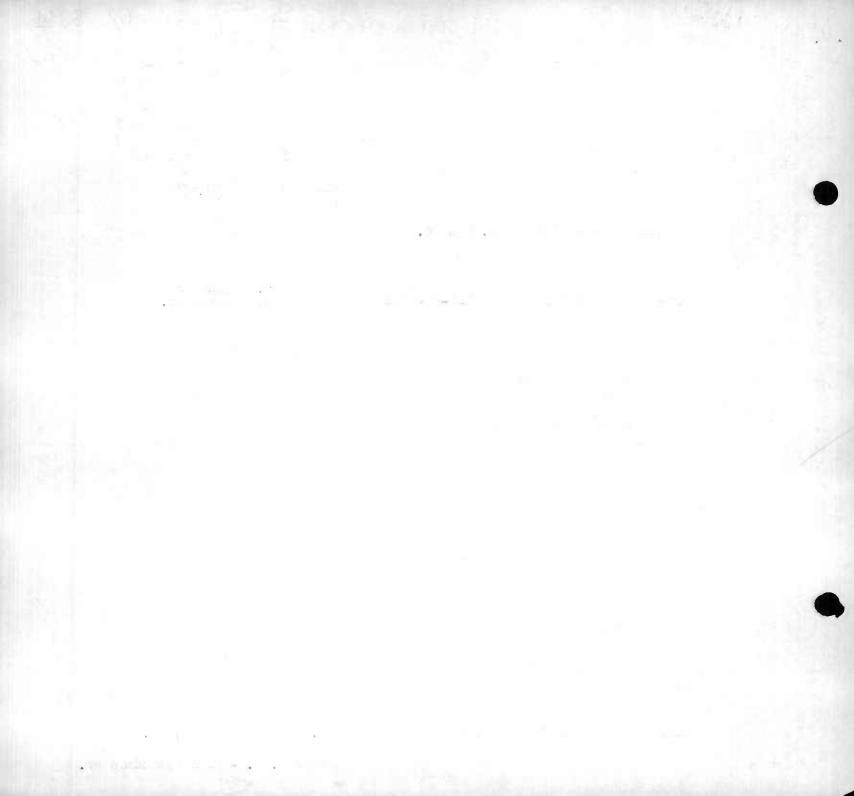
INTERVAL BETWEEN

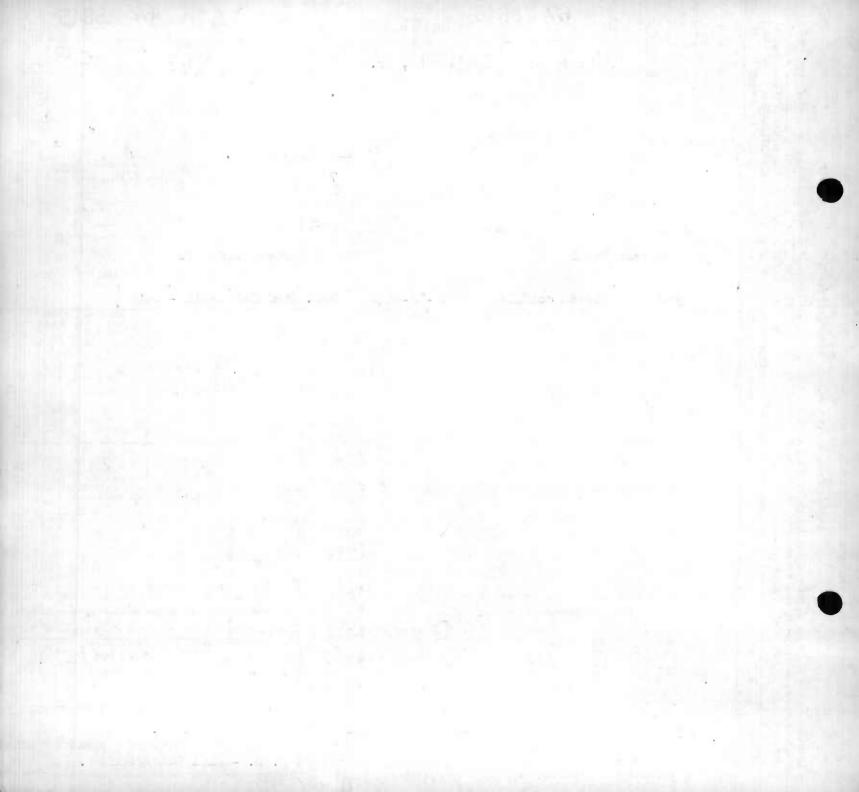
ONSET AND DEATH

(Stote)

ADDRESS

USA





BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

VS 150-REV. 1/1/65

IMPORTANT

DIRECTOR:

FUNERAL

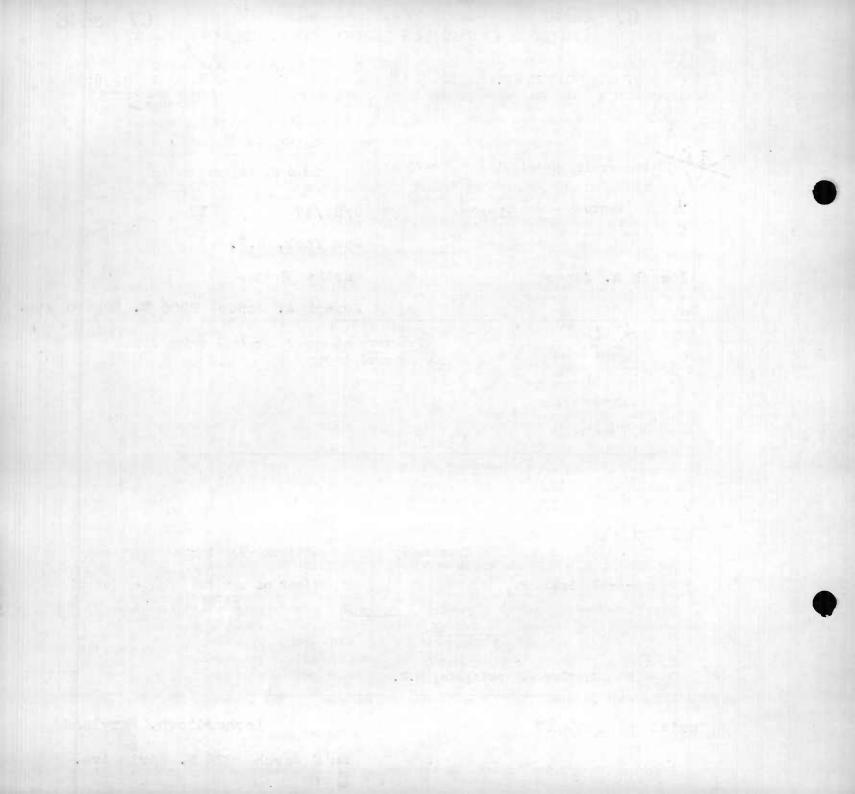
Registered No.

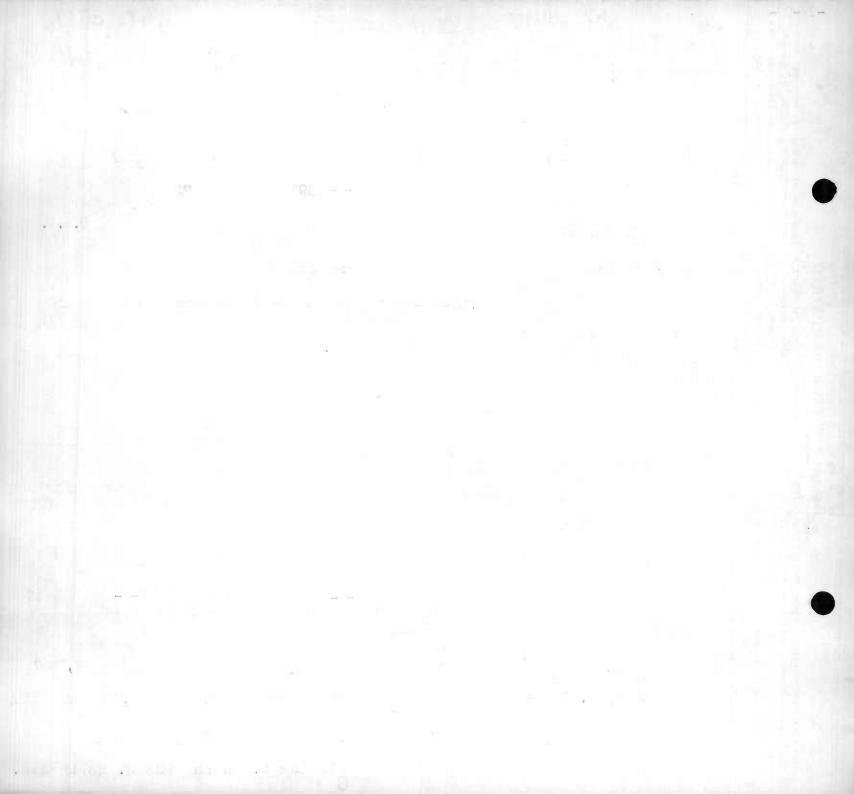
211-35-6922 Heal - Seet 3308 Elg- - A-

Bridge Color De Chinese William Charles and Colored Barber St.

## 8647 BIRTH NO. 67 8647 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

| MEDICAL EXAMINER   | S CERTIFICATE OF DEATH MASSING   |
|--|--|
| M.E. CASE NO.  | 2. DATE AND HOUR PRONOUNCED DEAD   |
| 1. NAME OF DECEASED (Type or Print)  ROBERT COOPER   | September 7, 1967 4:50 P.  |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD   | 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE B. COUNTY |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE HOSPITAL OR ADDRESS OR LOCATION)   | Maryland   |
| HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION   | L3-71 -  |
| 43_  | Baltimore  |
| South Baltimore General Hospita  | DOA)  DOA)  DOA)  DOA  DOA  DOA  DOA  DO   |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED   | B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.                                      |
| Male Negro WIDOWED, DIVORCED (specify)   | 12/3/23 Months Doys Hours Min.   |
| 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INC  | DUSTRY 11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF  |
| done during most of working life, even if retired)   | South Carolina U.S.A.  |
| 13. FATHER'S NAME  | South Carolina U.S.A.  |
| Robert   | Rebecca  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no or unknown), (If yes, give wor or dates of service)  SECURITY NO.                               | 17. INFORMANT ADDRESS  |
| (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.   | Rebecca Cooper 1314 S. Hanover St.   |
| 1B C   | CAUSE OF DEATH INTERVAL BETWEEN  |
| A COLX   | ONSET AND DEATH  |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   | Intracerebral hemorrhage   |
| (This does not mean the mode of dying, e.g., DUE TO  |  |
| injury or complication which coused death.)  |  |
| ANTECEDENT CAUSES  |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO  | )  |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,   |  |
|  |  |
|  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  |  |
| DISEASE OR CONDITION CAUSING IT.   |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED | Yes  Yes  Yes  Yes  Yes  Yes, were findings considered  IN CERTIFYING CAUSES OF DEATH?                   |
| ₹ 21A, EXTERNAL CAUSE WAS  | (e.g., in or obout 21 C, WHERE DID (II in Boltimore City, give exect location)                           |
| UNDERLYING OR CONTRIB-   | treet, office bldg., INJURY OCCUR?   |
| 21D TIME (Month) (Doy) (Yeot) (Hour) 21E. INJURY OCCU  | URRED 21F. HOW DID INJURY OCCUR?   |
| OF INJURY (APPROX.)  WHILE AT WORK   | NOT WHILE  |
| 22.   certify that I held on Inquiry   Inspection  | Autapsy X and that on this bosis, death in my opinian  |
|  | Suicide Undetermined monner  |
|  | CHIEF MEDICAL EXAMINER   |
| SIGNATURE Cleans J. S. Jak   | M.D. ASSISTANT MEDICAL EXAMINER X  |
| EXAMINER'S Charles S. Springate, M   | .D. ASSOCIATE MEDICAL EXAMINER September 8, 1967   |
|  | ETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)   |
| Burial 9/10/67 Mt. Calve   | ery Brooklyn, Maryland   |
| 24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR   | 24C. FUNERAL DIRECTOR ADDRESS  |
| SEP 1 1 1967 Robert E. talker  | Charles A. Rice 661 W. Barre St.   |
| VS 151-REV. 1/1/65   | 0 0 0 4 4 17   |





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| 67  | 8651 BALTIMORE CITY   | Y HEALTH DEPARTMENT   | 67 8051                                 |
|---|---|---|---|
| IKIH NO.  | CERTIFICA   | TE OF DEATH Registered No.  | 0001                                    |
| M.E. CASE NO.   |   | 2, DATE AND HOUR OF DEAT  | ·u                                      |
| Type or Print)  |   | 9-9-67  | 19: 20A                                 |
| Louise C.  PLACE OF DEATH IN BALTIMORE, M   | Reinhart  |   |   |
| . PLACE OF DEATH IN BALTIMORE, N  | TARTLAND  | 4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY   | institution: residence before odmission |
| FULL NAME OF (If not in hospite   | ol or institution, give street                                  | Maryland  | 27-1                                    |
| HOSPITAL OR oddress or local  |   |   | e RURAL and give township)              |
| INSTITUTION   |   |   |   |
| 70  |   | D. STREET ADDRESS (If rurol, give location)   |   |
| Ardleigh Nursing I  | Home  |   |   |
|   |   | 413 E. Lake Ave.  |   |
| SEX 6. RACE   | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)           | B. DATE OF BIRTH 9. AGE (In years lost birthday)  | Months: Doys Hours Min.                 |
| Female Caucasian  | Widowed   | Aug. 4, 1876 91   |   |
| A. USUAL OCCUPATION (Give kind of w.  | ork 108. KIND OF BUSINESS OR INDUSTRY                           | 11. BIRTHPLACE (State or foreign country)   | 12. CITIZEN OF                          |
| one during most of working life, even if retired                                  | 0   | - 111 - 11  | WHAT COUNTRY?                           |
| Housewife   |   | Evansville, Indiana   | U.S.A.                                  |
| 3. FATHER'S NAME  |   | 14. MOTHER'S MAIDEN NAME  |   |
| Harris D. 1   |   |   |   |
| Henry Bluhm Wos Deceased Ever in U. S. Armed F                                    | orces? 16. SOCIAL   | Mary Gray   | ADDRESS                                 |
| es, no or unknown) (If yes, give wor or do  | otes of service) SECURITY NO.                                   | 17. INFORMANT   | ADDRESS                                 |
| No  | 212-32-1612   | Mrs. Joseph Archer 413  | E. Lake Ave. Balto.                     |
| 1B. 1/ 0 0 1  | CAUSE C   | OF DEATH  | INTERVAL BETWEEN                        |
| - X X X X   |   |   | ONSET AND DEATH                         |
| DISEASE OR CONDITION E  |   | - 0. 4 11   | 7 1 1000                                |
|   | ATCOL   | to Congester How  | holeligini 1993                         |
| (This does not meen the mode heart failure, asthenia, etc. It means               |   |   |   |
| injury or complication which coust  |   |   |   |
| ANTECEDENT CAUS   | ES (B)  | production ( ) IJ.  | april 1955                              |
| DISEASES OF COMPLETIONS OF  | DUETO   |   | /                                       |
| DISEASES OR CONDITIONS, if  |   | not Demant it a   | 5 196                                   |
| UNDERLYING CONDITION lost.  | ***************************************                         | A Commence of the Commence of |   |
|   |   |   |   |
| OTHER SIGNIFICANT CONDITIONS  | CONTRIBUTING  |   |   |
| OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING | LATED TO THE  |   |   |
|   | ONDITION FOR WHICH OPERATION                                    | 120A. ALITORSYZ IYES OF NOT 20R IF YES WEL  | DE EINDINGS CONSIDERED                  |
|   | ERFORMED  | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WEI  | CAUSES OF DEATH?                        |
| * O   |   | Hob   |   |
| OR CONTRIBUTING CAUSE OF  | 21B. PLACE OF INJURY (e.g., i<br>home, form, foctory, street, o | in or obout 21C. WHERE DID (If in Boltin  | nore City, give exact location)         |
| DEATH (notify medical examiner)   | etc.)   |   |   |
| 21D. TIME (Month) (Doy) (Yea  | (Hour) 21E INJURY OCCURRED                                      | 21F. HOW DID INJURY OCCUR?  |   |
| OF INJURY   | While At Not Whi  |   |   |
| (APPROX)  | Work At Work  |   |   |
| 22 I cartify that (1) (the  | attended the deceased from                                      | 7-9 1967 to   | 9-8 1967                                |
|   | 4   |   |   |
| that (I) (we) lost saw the deceo  | sed alive on 7 - 8  | 19 and that in (my) (out) o   | pinian death occurred an the de         |
| and hour and from the causes st   | rated obove. (I) (We)-(dtd) (did not)                           | view the body wher death.   |   |
| 23A. SIGNATURE  |   | MEGITES AND MEGICINE SERVICES   | 23B. DATE SIGNED                        |
| 200   | M.D. Att  | ending Med. Stoff   |   |
| Tarrage ( Kun   | Phy   | Med. Stoff Phys.  | 9-9.6                                   |
| 23C: PHYSICIAN'S<br>NAME (Type)   |   | 23D. ADDRESS  |   |
| NAME TYPE   | CI I M.D.   | 3711 Fails 10   |   |
| Laurer 4  | Surrent   | - / / /   |   |
| 4A. BURIAL CREMATION, 24B. DATE<br>REMOVAL (Specify)                              | 24C. NAME of CEMETERY or CR                                     | EMATORY 24D. LOCATION   | (City, town, or county) (State)         |
| Burial 9/13/  | /67 Familian 6  | Richmond, In  | diama                                   |
| SA. DATE REC'D BY HEALTH DEPT.  | 67 Earlham Cemeter  | 2SC. FUNERAL DIRECTOR   | ADDRESS                                 |
| SEP 1 1 1987  | 0 0 0 0   | N   |   |
| A 100/  |   |   |   |
|   | THE STORE MY  | Wm ook Brooks Inc.  | 1217 St. Paul St.                       |
| S 150-REV. 1/1/65   | 12 12 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10              | Wm ook-Brooks, Inc.   | 1217 St. Paul St.                       |



B-634

| 0050    | BALTIMORE CITY H | EALTH DEPARTMENT |    |                     | OP   | 000 |
|---------|------------------|------------------|----|---------------------|------|-----|
| MEDICAL | EXAMINER'S       | CERTIFICATE      | OF | DEATH Registered No | .67_ | 865 |

| BIR'           | TH NO. 67 865  | BALTIMORE CITY HEA   | CERTIFICATE OF DEATH Registered Na.67  | 8652   |
|----------------|--|--|--|--|
|                | E CASE NO.   |  |  |  |
| 1, 1           | NAME OF DECEASED   |  | 2. DATE AND HOUR PRONOUNCED DEAD   |  |
| (Ty            | pe or Print)   | RARTHHENES Barthel   | mes Sontombor 9 1967 1/4   | :15 p M                                      |
| 3. F           | ELIZABETH  |  | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY | befare admission                             |
| HO             | LL NAME OF (IF NOT IN HOSPI<br>SPITAL OR ADDRESS OR LOC<br>STITUTION                             | TAL OR INSTITUTION, GIVE STREET CATION)                      | C. CITY OR TOWN (If outside corporate limits, write RURAL and gi                       | ve township)                                 |
| 0              | Johns Hopkins Hosp   | oital  | D. STREET ADDRESS (If rural, give location)  |  |
|                |  |  | B. DATE OF BIRTH 9. AGE (In years   If Under 1 Ye                                      | . If Under 24 Hr                             |
| 5. S           | Female White   | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCEDISPECITY) Married | July 9,1895 72   | Hours Min.                                   |
| 104            | , USUAL OCCUPATION (Give kind of we  | ork TOB. KIND OF BUSINESS OR INDUST                          | RY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN C WHAT CO                    |  |
| not            | e during most of working life, even if retired<br>Housewife                                      | )  | Baltimore, Md. U.S   |  |
| 3.             | FATHER'S NAME  |  | 14. MOTHER'S MAIDEN NAME   | a 174 a                                      |
|                |  |  |  |  |
|                | Charles A. B   |  | Mary Waechter  | 12.14  |
| 5.<br>Ye       | was DECEASED EVER IN U.S. ARMI   | ED FORCES?  Ites of service)  16. SO CIAL  SECURITY NO.      | 17. INFORMANT 425 N. ETIWOO  | d ##.Ave,                                    |
|                | No.  |  | August J. Barthelmes Baatimore,  | Md. 21224                                    |
| _              | 18.  | CALL   | SE OF DEATH  | ERVAL BETWEEN                                |
|                | ANTECEDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST | ANY, GIVING DUE TO   |  |  |
| Z              |  | (C)  |  |  |
| ERTIFICATION   | OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT I DISEASE OR CONDITION CAUSI                    | RELATED TO THE   |  | 24 000 000 <b>100 000</b> 0+ 000 0+ 100 0+ 1 |
| ERTI           | 19A, DATE OF OPERATION 198, CO   |  | 20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONS                           |  |
| C              | 0  |  | No   |  |
| <b>JEDICAL</b> | UTING CAUSE OF DEATH.  | Street   | office bldg., INJURY OCCUR?  On beltway at Rt. 40                                      | 3-00   |
| Σ              | OF INJURY (APPROX.)  9 9 67  | 21E. INJURY OCCURRE WHILE AT NO WORK AT                      | T WHILE X Subject was passenger in a   | uto-auto                                     |
|                | 22.  | 0  |  | collision                                    |
|                | I certify that I held an   |  | dutopsy and thor on this bosis, deorn in my opinion                                    |  |
|                | resulted fram: Notural   | causes Accident XX Suic                                      | ide Homicide Undetermined monner   |  |
|                |  | 1  | CHIEF MEDICAL EXAMINER X   |  |
|                |  |  |  | ATE CICALES                                  |
|                | ACTUAL //  | Markey   | ASSISTANT MEDICAL EXAMINED   | ATE SIGNED                                   |
|                | SIGNATURE  | Wisher M   | D. ASSISTANT MEDICAL EXAMINER  | ATE SIGNED                                   |
|                | SIGNATURE  |  | ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER                                  |  |
|                | SIGNATURE  | 11 S. Fisher, M.D.  23C. NAME OF CEMETER                     | ASSISTANT MEDICAL EXAMINER September  Or CREMATORY 23D. LOCATION (City, town, or count | 10, 1967<br>y) (State)                       |
| RE             | SIGNATURE EXAMINER'S NAME (Type)  A. BURIAL CREMATION, 23B. DATE MOVAL (Specify)                 | 11 S. Fisher, M.D.   | ASSOCIATE MEDICAL EXAMINER September   | 10, 1967 y) (State)                          |

to the second to the term All dieds at in the state of th Harris S. J. L. B. March S. C. B. L. C. and B. The latest the second of the s 

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| 67   | 8653  | BALTIMORE CITY HEA   | LTH DEPARTMENT   |  | 67 9050   |
|--|---|--|--|--|---|
| BIRTH NO.                                    | MEDI  | ICAL EXAMINER'S C  | ERTIFICATE OF  | DEATH Registered                           | No  |
| M.E. CASE NO.                                |   |  |  |  |   |
| 1. NAME OF DE                                |   | ARTHA M. HERRIN  |  | tember 8, 1967                             |   |
| 3. PLACE IN BAL                              | TIMORE, MARYLAND, W   | HERE PRONOUNCED DEAD   | 4. USUAL RESIDENCE (Where                              | deceased lived. If instituti               | on: residence bofore admission)                           |
| FULL NAME OF<br>HOSPITAL OR<br>INSTITUTION   | (IF NOT IN HOSPIT)<br>ADDRESS OR LOCA   | AL OR INSTITUTION, GIVE STREET                                 | c. CITY OR TOWN (If outsi                              | na<br>de corporate limits, write RU<br>Ore | 77736   |
| 37   | 01 Evergreen  | Avenue   | D. STREET ADDRESS (If ruro                             | l, give locotion)<br>vergreen Avenu        | e   |
| 5. SEX<br>Female                             | 6. RACE<br>White  | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Married   | B. DATE OF BIRTH  XX May 18, 191                       | 8 lost birthdoys 49                        | f Under 1 Yr. If Under 24 Hrs.<br>Months, Doys Hours Min. |
|  | working life, even if retired)  fe  | 108, KIND OF BUSINESS OR INDUSTR                               | Wicomico Co.,  | Md.  | 2. CITIZEN OF WHAT COUNTRY? U.S.A.                        |
| Fr   | ank Reed  |  | Nora Elizabe   | th KKK Davis                               | DDRESS  |
| (Yes, no or unknown                          | ) (If yes, give war or dote   | SECURITY NO. 213-22-7122                                       | Mr. Daniel W.  | Herrin 3701 mEv                            | ergreen Ave.  |
| 1B. 21 3                                     | 0.0   | CAUS   | E OF DEATH   |  | INTERVAL BETWEEN  |
| DISEASES RISE TO TH UNDERLY!!                | ANTECEDENT CAUSE: OR CONDITIONS, IF A E ABOVE CAUSE (A) SI NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT REI | CONTRIBUTING LATED TO THE                                      |  |  |   |
| DISEASE OF                                   | R CONDITION CAUSING OPERATION 198. CON WAS PER  | DITION FOR WHICH OPERATION                                     | 20A. AUTOPSY? (Yes or No                               | 1 208. IF YES, WERE FINDI                  | NGS CONSIDERED OF DEATH?                                  |
| UNDERLYING                                   | L CAUSE WAS<br>OR CONTRIB-  | 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) | in or obout 21C, WHERE DID office bldg., INJURY OCCUR? | (If in Boltimore City, give                | exact location)   |
| 21 D TIME<br>OF INJURY<br>(APPROX.)          | (Month) (Doy) (Year   | WHILE AT NOT   | WHILE WORK   | URY OCCUR?                                 |   |
|  | URE MAN 2   | Accident Suicio  | de Hamicide CHIEF MEDICAL E                            | XAMINER X                                  |   |
| NAME (<br>23A, BURIAL CRE<br>REMOVAL (Specif | Type) MATION, 238. DATE   | 23C. NAME of CEMETERY  |  |  | wn, or county) (Stote)                                    |
| Burial                                       | 9/11/6<br>BY HEALTH DEPT.   | 67 Moreland Memo   | rial Park B  | alto., Md. (Pa                             | arkville)   |
|  | SEP 11 1987   | 0 6 7 8 0  |  |  | 7 % St. Paul St.  |
| VS 151-REV. 1/1/                             | 65  |  | 0 0  | 4.   | S   |

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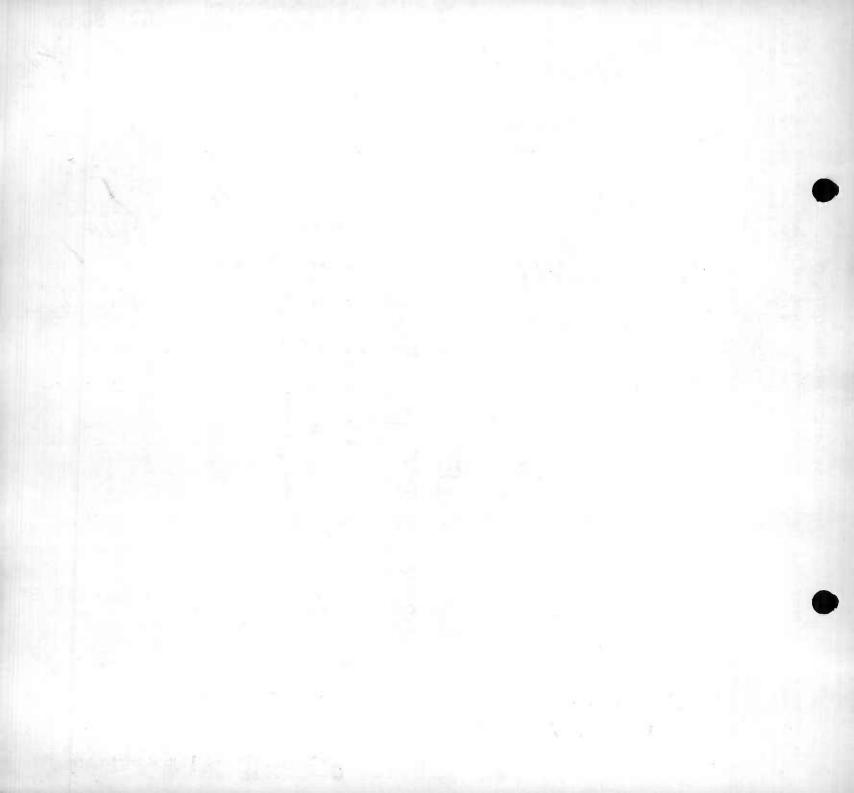
|  |  | TE OF DEATH   |   | 67. 8654   |
|--|--|---|---|--|
| A.E. CASE NO.  NAME OF DECEASED  Type or Print)  |  | 2. DATE   | AND HOUR OF DEATH   |  |
| Alexander Queen  |  | Sep   | tember 6,19   | 67 6:30 p  |
| PLACE OF DEATH IN BALTIMORE, MARY  | LAND   | 4. USUAL RESIDENCE (W   | here deceased lived. If in  | stitution: residence before admissi  |
| FULL NAME OF (If not in hospital or  | institution, give street   | Maryland  | 51(1)   |  |
| HOSPITAL OR oddress or location)   | institution, give street   |   | outside city limits, write  | RURAL and give township)   |
| Provident Hospi  | tal Inc.   | Baltimore   |   | 15-01  |
| 39 1514 Division S   |  |   | (II rurol, give location)   | 70   |
| Baltimore, Mary  |  | 1100 Laurens  | Street  |  |
|  | . MARRIED, NEVER MARRIED   | B. DATE OF BIRTH  | 9. AGE (In years  | If Under 1 Yr. If Under 24 H<br>Months Doys Hours Min  |
| Mala Nama  | WIDOWED, DIVORCED (specify)  | 9/2/08  | lost birthdoyl  | Months Doys Hours Min  |
| Male Negro   | Widowed  OB, KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (State or fo   | 78  | 12. CITIZEN OF   |
| one during most of working life, even if retired)  |  |   |   | WHAT COUNTRY?  |
| Unemployed   |  | Maryland  |   | U.S.A.   |
| 3. FATHER'S NAME   |  | 14. MOTHER'S MAIDEN N   | IAME  |  |
|  | ?  |   |   | ?  |
| . Was Deceased Ever in U. S. Armed Force   | es? 1 6. SOCIAL  | 17. INFORMANT   |   | ADDRESS  |
| ves, no or unknown) (If yes, give war or dates   |  |   |   |  |
| yes w w men  | 220-05-3120-   | -A Mrs. Hazel   | Connor(dau)   | 1635 Benson Ct.  |
| 286.51   |  | OF DEATH  |   | ONSET AND DEATH  |
| DISEASE OR CONDITION DIRE  | CTLY   | Herility  |   |  |
| (This does not mean the mode of  | dying, e.g., DUE TO  | 1.000   | 700000mm000000000000000000000000000000  |  |
| hearl failure, osthenio, etc. Il meons I   | he disease,  | 2 16-   | 1   |  |
| injury or complication which coused of   | deoth.)  | D. a. V.  | 1/  | 140 () 1   |
|  |  | Julia   | lum   | Detroll aline  |
| ANTECEDENT CAUSES  | (B)  | macro and   | euns +  | Selydralion  |
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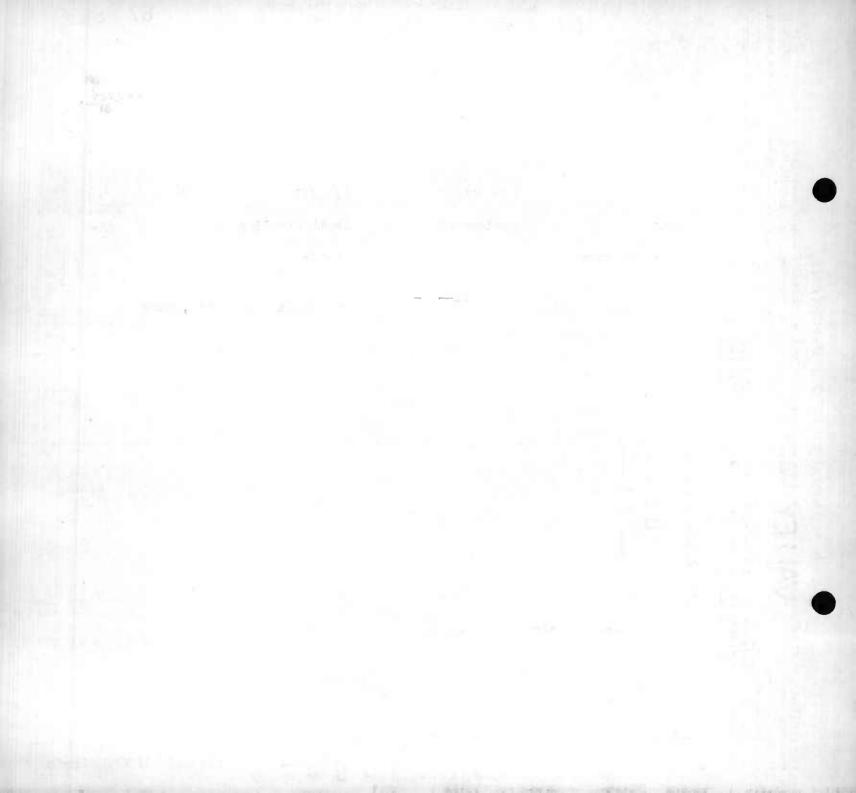
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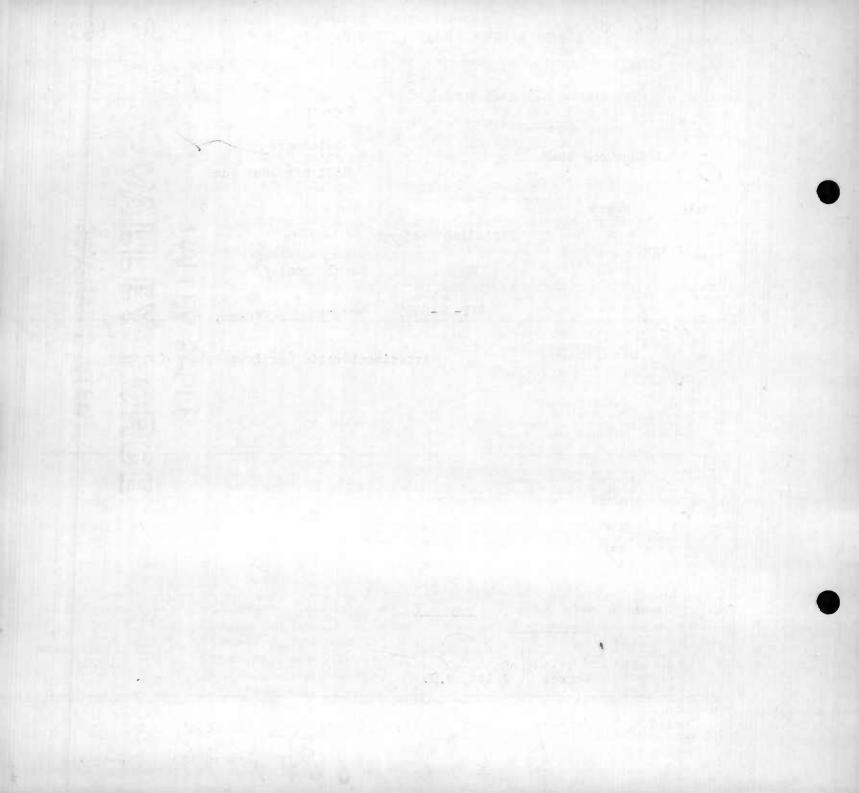


| 7 | 8657 | BALTIMORE CITY HEALTH DEPARTMEN |
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|   | 000/ | AL EVALUATION CENTURISAT        |

| . 7     |                   | LACITI DEL AKTMENT |    |       | (In)          |
|---------|-------------------|--------------------|----|-------|---------------|
| MEDICAL | <b>EXAMINER'S</b> | CERTIFICATE        | OF | DEATH | Registered No |

|                                     | 67 8657  |                                     | TIMORE CITY HEA                          |                  |                                      | FATILE  | 67 86                  | 57                      |
|-------------------------------------|--|-------------------------------------|--|------------------|--------------------------------------|---|------------------------|-------------------------|
| BIRTH NO.                           |  | ICAL EXA                            | WINER'S C                                | ERTIFICA         | IE OF L                              | EATH Registe  | red Na.                | U a                     |
| M.E. CASE NO                        |  |                                     |  |                  | DATE AND                             | HOUR PRONOUNC                                       | ED DEAD                |                         |
| (Type or Print)                     |  | 37                                  | TONT                                     |                  |                                      |   |                        | FO D                    |
| 3. PLACE IN B                       | .NK<br>ALTIMORE, MARYLAND, V   | N. WHERE PRONOUNC                   | JONE<br>ED DEAD                          |                  | ENCE (Where                          | ember 3, 196<br>leceosed lived. If insti-<br>8. cou | itution: residence bef | 50 P. M. fore admission |
| FULL NAME OHOSPITAL OR              | F (IF NOT IN HOSPI'<br>ADDRESS OR LOC  | TAL OR INSTITUTIO                   | N, GIVE STREET                           | C. CITY OR TO    | WN (If autside                       | corparate limits, write                             | RURAL and give to      | ownship)                |
| 3301                                | Edgewood Road  | d                                   |  | D. STREET ADD    | imore<br>RESS (If rural,<br>Edgewood |   | 0 0                    | 70                      |
| 5. SEX                              | 6. RACE  | 7. MARRIED, NEV                     | ER MARRIED                               | 8. DATE OF BIRT  |                                      | 9. AGE (In years                                    | If Under 1 Yr. If      | Under 24 Hrs            |
| Male                                | Negro  | WIDOWED, DIVE                       |  |                  |                                      | 10st birthdoy                                       | Manths Days            |                         |
| done during mast                    | CUPATION (Give kind of wa<br>of warking life, even if retired)   | Fertel                              | siness or industrate .ize Factor         | y Virgi          |                                      | ca untry)   | 12. CHIZEN OF          | TRY?                    |
| 13. FATHER'S N                      | AME  |                                     |  | 14. MOTHER'S M   | AIDEN NAME                           |   |                        |                         |
|                                     |  | ?                                   |  | Pearl :          | Mosley                               |   |                        |                         |
|                                     | WIN (If yes, give wor or do  | es of service)                      | SOCIAL<br>SECURITY NO.                   | 17. INFORMANT    |                                      |   | ADDRESS                |                         |
|                                     |  | 21                                  | 2-05-8555                                | Mr Arth          | ur W Jor                             | nes . 2505  | Elain AVa              |                         |
| DISEASE<br>RISE TO<br>UN DERL       | ANTECEDENT CAUS  ANTECEDENT CAUS  SOR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LAST.  II SIGNIFICANT CONDITIONS E DEATH BUT NOT R | ES ANY, GIVING STATING THE          | (B)<br>DUE TO<br>(C)                     |                  |                                      |   |                        |                         |
| DISEASE<br>19A, DATE                |  | G IT.<br>NDITION FOR WHI<br>RFORMED | CH OPERATION                             | 20A. AUTOPSY     |                                      | OB. IF YES, WERE FILE                               |                        | ED                      |
| ZIA. EXTERI                         | NAL CAUSE WAS GOR CONTRIB- AUSE OF DEATH.  | 21B. PLA<br>home, fo                | CE OF INJURY (e.g., irm, factory, sheet, | in or about 21C. | WHERE DID                            | f in Boltimore City, gi                             | ve exact lacation)     |                         |
| 21 D TIME<br>OF INJURY<br>(APPROX.) | (Manth) (Doy) (Ye  | or) (Hour) 21 E.<br>WHIL            | E AT NOT                                 | WHILE WORK       | DINI DIN WO                          | RY OCCUR?   |                        |                         |
| 22.                                 | ertify that I held an  | Inquiry Ir                          | spection X Au                            | utapsy an        | d that on this                       | s basis, death in n                                 | ny apinian             |                         |
| ra                                  | sulted fram: <u>Natural</u> c  | ausas X Acci                        | dent Suici                               | de Hamic         | ide 🗌 U                              | ndetermined mann                                    | er _                   |                         |
| ACTU                                |  | 019                                 | (=)                                      | CHIEF M          | EDICAL EX                            |   | DATE                   | E SIGNED                |
| EXAM                                | ATURE Werne E(Type)  | r U. Spitz                          |  | ASSOCIATE A      |                                      |   | 9/4/6                  | 7                       |
| 23A. BURIAL C                       | CREMATION, 23B. DATE   | 23C. N                              | AME of CEMETERY                          | or CREMATORY     | 23 D. LC                             | CATION (City,                                       | , tawn, ar caunty)     | (Stato)                 |
| REMOVAL (Spe                        |  | 7 M                                 | t Calvar                                 | y Cemetry        | . A                                  | A County  | Md                     |                         |
|                                     | O'D BY HEALTH DEPT.  | 24B, NAME OF                        |  |                  | AL DIRECTOR                          | w country   | ADDRESS                |                         |
|                                     | SEP 1 196.   | Rest 8                              | and the last                             | Adol             | phus Ha                              | Istead 1206   | W North                | Ave                     |

VS 151-REV. 1/1/65

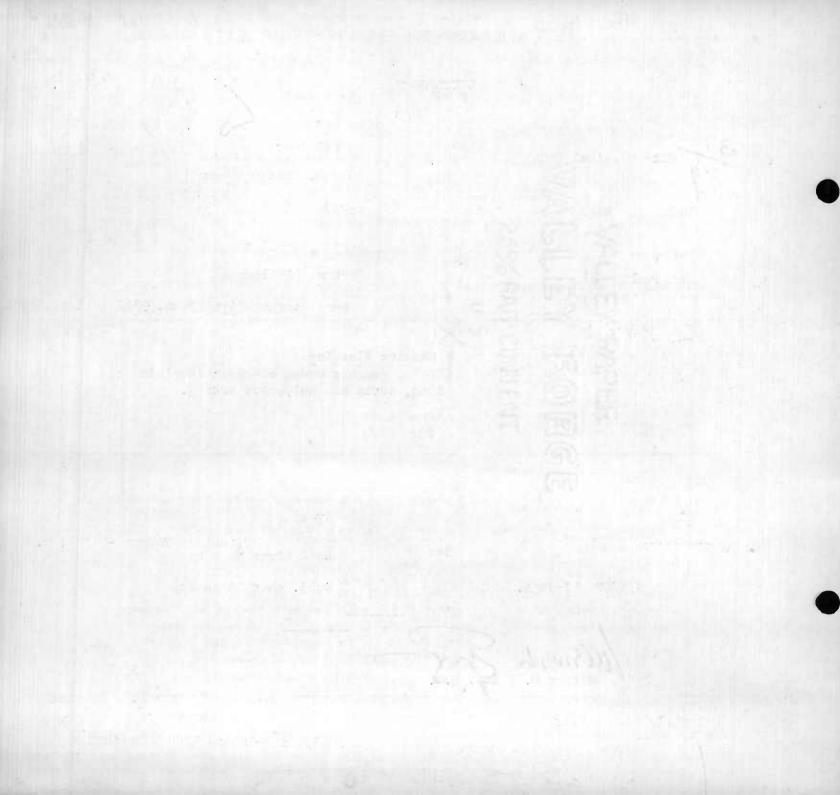


VS 151-REV. 1/1/65

24B, NAME OF REGISTRAR

24A. DATE REC'D BY HEALTH DEPT.

24CAGOIGHUSE Halstead 1206 W North e



BIRTH NO. M.E. CASE NO.

FULL NAME OF HOSPITAL OR INSTITUTION

NO

CERTIFI

MEDI

1. NAME OF DECEASED (Type or Print) JOHN or

## 8659 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No

2. DATE AND HOUR PRONOUNCED DEAD EON BONCEICH Boncewich or Bancevich September 8, 1967 10:55 A. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B, COUNTY

Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Unk

Baltimore

D. STREET ADDRESS (If rural, give lacation) 349 Bonsal Street

Irene

If Under 1 Yr. If Under 24 Hrs. Months, Doys, Haurs, Min. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoys WIDOWED, DIVORCED (specify) Male White May 17 1888 Marri ed 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY)11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Russia 1st Papers Holy Trinity Church 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown), (If yes, give war or dates of service) SECURITY NO. 220-14-0832 Vera Boncewich 349 Bonsal St Balto 24, Md

INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Carcinoma of stomach with peritoneal DISEASE OR CONDITION DIRECTLY LEADING TO DEATH metastases DUE TO

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discose, injury or complication which caused death.)

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

3349 Bonsal Street

Richard Boncewich

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 21A. EXTERNAL CAUSE WAS

DUE TO

218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact lacation) home, farm, foctory, street, affice bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-21 D TIME (Month) (Dov) (Yeor) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?

OF INJURY (APPROX.) WHILE AT NOT WHILE m. WORK

Inspection X Autapsy certify that I held an Inquiry and that an this basis, death In my apinlan Accident Suicide Hamicide Undetermined manner

resulted fram: Natural causes X CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE.

ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Springate, M.D. NAME (Type)

September 8, 1967 23C. NAME of CEMETERY er CREMATORY 23D. LOCATION (State)

DATE SIGNED

23A. BURIAL CREMATION, 23B, DATE (City, town, ar caunty) REMOVAL (Specify) Md Sept 11 67 Holy Trinity Cemetery Elkridge Burial

24A, DATE REC'D BY HEALTH DEPT. 24R NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS Dippel Brothers Inc 1800 E Lombard St

VS 151-REV. 1/1/65

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To the state of th

Lawrence of the second party of the second par

VS 151-REV. 1/1/65

67 8660

67 8660

| RTH NO.                                 | MED   | ICAL EX            | AMINER 2 C                                       | EKHILLA          | IE OF DEATH                          | Registered No.                                     |   |
|---|---|--------------------|--|------------------|--------------------------------------|--|---|
| LE CASE NO.                             | 4.0   |                    |  |                  |                                      |  |   |
| NAME OF DE                              | CEASED Helen  | E,(or)             |  |                  | 2. DATE AND HOUR PR                  | ONOUNCED DEAD                                      |   |
| HELLEN                                  | JENSEN  | 11/(01/            |  |                  | C                                    | 0 1067   |   |
|   | TIMORE, MARYLAND, W   | HERE PRONOL        | INCED DEAD                                       | 4. USUAL RESID   | DENCE (Where deceased liv            | er 9, 1967<br>ed. If institution: res<br>B. COUNTY | idence balaie admission                 |
| JLL NAME OF<br>OSPITAL OR<br>ISTITUTION | (IF NOT IN HOSPITA  | AL OR INSTITUTION) | THON, GIVE STREET                                | C. CITY OR TO    | Maryland WN (If outside corporate li | mits, write RURAL                                  | and give township)                      |
| 1                                       |   |                    |  |                  | Baltimore                            | 4  | 701                                     |
| City                                    | Hospital  |                    |  |                  | RESS (II Jurgl., give locotio        |  |   |
| SEX                                     | 6. RACE   | WIDO WED,          | NEVER MARRIED                                    | B. DATE OF BIRT  | )ast birth                           | (In years   II Und                                 | Doys   Hours , Min.                     |
| Temale                                  | White   | Marr               |  | March 1          |                                      | 8  |   |
|   | CUPATION (Give kind of work working life, even if retired)  | TOB. KIND OF       | BUSINESS OR INDUSTR                              | Y 11. SIRTHPLACE | (State or foreign country)           |  | ZEN OF<br>AT COUNTRY?                   |
| House                                   | wife  |                    |  | Baltimo:         | re, Maryland.                        |  | U.S.A.                                  |
|   | Albert Penal  | 035                |  |                  |                                      |  |   |
| WAS DESEAS                              | Albert Beasl  |                    | 11/ 50 011/                                      |                  | a Trott                              | 15500  |   |
| es, no or unknow                        | ED EVER IN U.S. ARMED                                       | s of service)      | SECURITY NO.                                     | 17. INFORMANT    |                                      | ADDRES   | 3                                       |
| No                                      |   |                    |  | Karl J           | ensen 125 S.C                        | Chapel St.   | 21231                                   |
| 18.                                     | 00.5  |                    | CAUS   | E OF DEATH       |                                      |  | INTERVAL BETWEEN                        |
| DISE                                    | ASE OR CONDITION DI   | DECTIV             |  |                  |                                      |  | ONSET AND DEATH                         |
| Distr                                   | LEADING TO DEATH  |                    |  | Pulmonary        | embolus                              |  |   |
| (This does                              | not meon the made of  | dying, e.g.,       | DUE TO   | 1 dimonal y      | CINDOLAB                             |  |   |
| injury or co                            | e, asthenio, etc. It meons<br>amplication which coused      | deoth.)            |  |                  |                                      |  |   |
|   |   |                    |  |                  |                                      |  |   |
|   | ANTECEDENT CAUSE  |                    | (B)  |                  |                                      |  |   |
|   | OR CONDITIONS, IF A<br>HE ABOVE CAUSE (A) S'                |                    | DUE TO   |                  |                                      |  | •••••••••••••••••                       |
| UNDERLY                                 | ING CONDITION LAST.   |                    |  |                  |                                      |  | - C - C - C - C - C - C - C - C - C - C |
|   |   |                    | (C)  | ****             |                                      |  | ••••••                                  |
|   | It  |                    |  |                  |                                      |  |   |
| TO THE                                  | SNIFICANT CONDITIONS DEATH BUT NOT RED DR CONDITION CAUSING | LATED TO T         |  | acture of        | left leg                             | *******************************                    | *************************************** |
| 19A. DATE O                             | F OPERATION 198. CON<br>WAS PER                             |                    | WHICH OPERATION                                  | 77.0             |                                      | WERE FINDINGS                                      |   |
| UNDERLYING                              | AL CAUSE WAS  |                    | PLACE OF INJURY (e.g.,<br>form, foctory, street, |                  | WHERE DID (If in Bo)tima             | re City, give exact                                | lacotian)                               |
| UTINGALICA                              | USE OF DEATH.   | etc.)              |  |                  |                                      |  | 26-1                                    |
| 21 D TIME<br>OF INJURY                  | (Manth) (Doy) (Yeo  | r) (Hour) 2        | Street<br>TE. INJURY OCCURRED                    | 21 F. H          | 17 S. Baylis                         | Street   | 16-08                                   |
| (APPROX.)                               | 9 1 67 9  | :15 pm. V          | VHILE AT NOT                                     | WHILE X          | Subject fell                         | down steps   |   |
| 22.                                     | rtify that I held an I                                      | nguiry 🗌           | Inspection X Au                                  | otopsy on        | d that on this bosis, d              | eoth in my oplnic                                  | on                                      |
| resu                                    | Ited from: Natural co                                       | uses               | ccident X Sulci                                  | de Homici        | ide Undetermin                       | ed monner  | 1                                       |
|   | 1   | V                  |  | CHIEF M          | EDICAL EXAMINER                      | X  | DATE SIGNED                             |
| SIGNAT                                  |   | own                | evM.c  |                  | EDICAL EXAMINER                      |  | DATE STORED                             |
| EXAMI                                   | /= \  |                    |  | ASSOCIATE M      | EDICAL EXAMINER                      |  |   |
| NAME                                    | 11000   |                    | Fisher, M.D.                                     |                  |                                      |  | ber 11, 1967                            |
| A. BURIAL CR                            | fy)   |                    | C. NAME OF CEMETERY                              |                  | 23D. LOCATION                        | (City, tawn, ar                                    |   |
| Burial                                  | Sept.   | 13,67              | Mt.Carmel Ce                                     |                  |                                      | re. City.M   |   |
| A. DATE REC'                            | BY HEALTH DEPT.   | 24B. NAME          | OF REGISTRAR                                     | 24C. FUNER       | AL DIRECTOR                          |  | ADDRESS                                 |
|   | SEP 13 1967   | Violent            | 15 Tankeline                                     | Dinn             | el Bro.sInc.                         | 800 E.Lom  | bard St.                                |

Replaced 9/13/67.-See Letter In File/ J.P.B.

## 67 8661 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

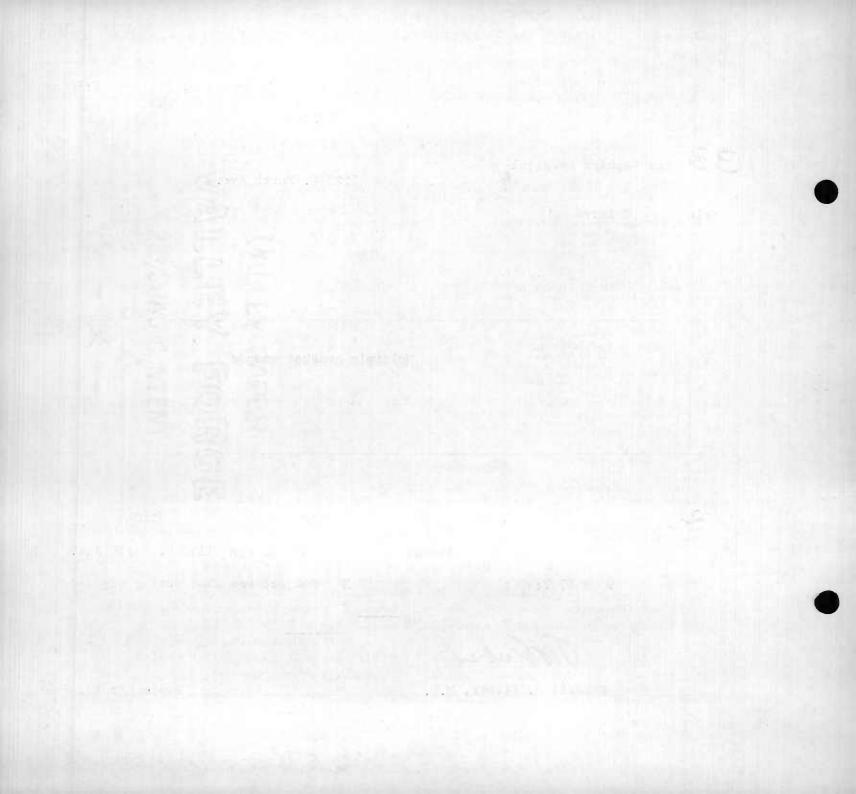
| . NAME OF DECI                         | EASED                                      |                                | Top  | ATE AND HOUR PRONOUN                               | CED DEAD   |
|--|--|--------------------------------|--|--|--|
| Type or Print)                         |  |                                |  |  |  |
| PLACE IN BALTI                         | MORE MARYLAND, W                           | CRIFFIN THERE PRONOUNCED DEAD  | 4. USUAL RESIDENCE   | September 9, 1                                     | 967 8:00 a M. stitution: residence helore odmission) |
|  |  |                                | A. SIAIE   | 8. CC  | NTY  |
| FULL NAME OF                           | ADDRESS OR LOCA                            | AL OR INSTITUTION, GIVE STREET |  | a <b>ryland</b><br>If outside corporate limits, wr | ite RURAL ond give township)                         |
| NSTITUTION                             |  |                                | Baltimor   | e  | 9-09   |
| Unive                                  | rsity Hospit                               | al D.O.A.                      | D. STREET ADDRESS  | (If rurol, give location)                          |  |
| 20                                     |  |                                |  | . Eden Street                                      |  |
| 1. 1                                   | 6. RACE                                    | WIDOWED, DIVORCED (specify)    | 8. DATE OF BIRTH   | 9. AGE (In years<br>lost birthday)                 | Months Doys Hours Min.                               |
| Male                                   | Colored                                    | Meny S                         | DVIII BIDTUDI ACE (State   | 59   | 12. CITIZEN OF                                       |
| lone during most of w                  | orking life, even if etired                | KIND OF BOSINESS OF INDOST     | n-A-   | or foreign country?                                | WHAT COUNTRY?  |
| 3. FATHERS NAME                        | Jan  |                                | 14. MOTHER'S MAIDE   | N NAME   | M. M.  |
| h-t                                    | 2. 1116                                    | An. 11. 5                      | 1-   | 1 The  |  |
|  | EVER IN U.S. ARME                          |                                | 17 NFORMANT  | L 1000)  | ADDRESS  |
| Yes, no or unknown)                    | (If yes, give way or do                    | es of service) SECURITY NO.    | Smarro   | /  | mus  |
| 18. //                                 | 10   | 6411                           | 11 way of  | reffer so  | INTERVAL BETWEEN                                     |
| 763                                    | X 1  |                                | SE OF DEATH /  | 10   | ONSET AND DEATH                                      |
|  | E OR CONDITION D<br>LEADING TO DEATH       |                                |  |  |  |
|  | ot mean the made of osthenia, etc. It mean | / / / /                        | Multiple pulmo   | onary emboli                                       |  |
| injury or com                          | plication which coused                     | deoth.)                        |  | 1  |  |
| 1A                                     | NTECEDENT CAUSE                            | S                              |  |  |  |
| DISEASES O                             | R CONDITIONS, IF                           | NY, GIVING (B)                 | ослово посее и исового со се |  |  |
|  | G CONDITION LAST.                          | TATING THE                     |  |  |  |
| Z                                      |  | (C)                            |  | •            |  |
| OTHER SIGN                             | II CONDITIONS                              | CONTRIBUTING                   |  |  |  |
| TO THE D                               | DEATH BUT NOT RE                           | LATED TO THE                   |  |  |  |
|  | OPERATION 1198 CON                         | OIT.                           | 20A. AUTOPSY? (Yes   | or No) 20B, IF YES, WERE I                         | FINDINGS CONSIDERED                                  |
| 5                                      | WAS PER                                    |                                |  | IN CERTIFYING CA                                   |  |
| ZIA. EXTERNAL                          |  | 21B, PLACE OF INJURY (e.g.     | , in or about 21C. WHERI   | DID (If in Boltimore City,                         | give exact location)                                 |
| 21A, EXTERNAL<br>UNDERLYING UTING CAUS |  | home, form, foctory, street,   | office bldg., INJURY OC  | CUR?   |  |
| 7                                      | (Month) (Doy) (Yes                         | (Hour) 21E. INJURY OCCURRED    | 21F. HOW D   | ND INJURY OCCUR?                                   |  |
| OF INJURY<br>(APPROX.)                 |  |                                | WHILE WORK   |  |  |
| 22.                                    |  |                                |  |  |  |
|  | fy that I held an                          | Inquiry Inspection A           | utopsy X and tha   | t an this basis, death in                          | my apinian   |
| result                                 | ed fram: Natural ca                        | uses XX Accident Suici         | de Hamicide  | Undetermined man                                   | ner  |
|  | /  | me 1                           | CHIEF MEDIC  | CAL EXAMINER XX                                    | DATE SIGNED  |
| SIGNATU                                |  | 10 when M.                     | ASSISTANT MEDIC  | CAL EXAMINER                                       | DATE SIGNED  |
| EXAMINE                                | ER'S                                       |                                | ASSOCIATE MEDIC  |  |  |
| NAME (T                                | ype)Russell S                              | . Fisher, M.D.                 |  |  | September 10, 1967                                   |
| 23A, BURIAL CREM<br>REMOVAL (Specify)  | AATION, 23B, DATE                          | 23C. NAME of CEMETERY          | or CREMATORY   | 23D. LOCATION (Cit                                 | ty, town, or county) (Stote)                         |
| 9-13-                                  | 67 Benu                                    | al Mitum                       | cled   | 1. ralli)  | nd   |
| AA. DATE REC'D                         | BY HEALTH DEPT.                            | 24B, NAME OF REGISTRAR         | 24C FUNERAL DI   | RECTOR   | ADDRESS  |
|  | SFP 1 1 1967                               | More Calle                     | Den.10   | il alam in   | - Mar HA ho  |
|  | While on a 1000                            |                                | 1-1-1-17/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1                         | TY/IN/IN/I/I/I                                     | III MINNEYAUL  |

 67 8662 BALTIMORE CITY HEALTH DEPARTMENT

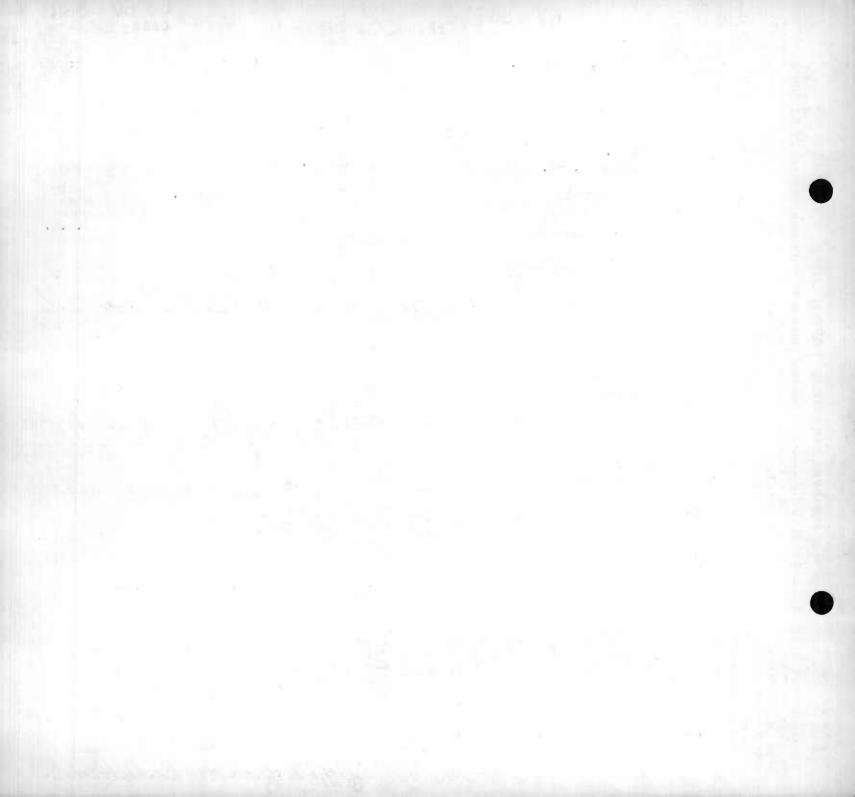
BIRTH NO.

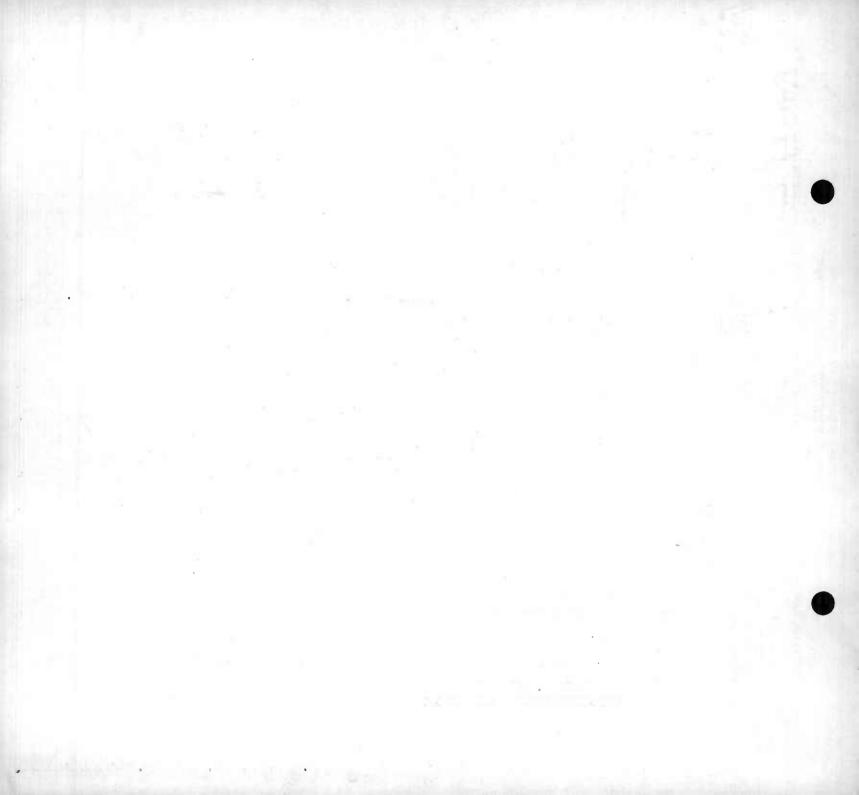
## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N.67 8652

| BIRTH NO.  | MEDI   | CALE               | AMINER 3 CI   | KIIIICA         | IE OF I                   | JEAIN Registe                    | ered No.24                     |                            |
|--|--|--------------------|---|-----------------|---------------------------|----------------------------------|--------------------------------|----------------------------|
| M.E. CASE NO.  |  |                    |   |                 |                           |                                  |                                |                            |
| 1. NAME OF DE<br>(Type or Print)                                       | CEASED   |                    |   |                 | 2. DATE AN                | D HOUR PRONOUNC                  | ED DEAD                        |                            |
|  | TYRONE JOHNSO  |                    |   |                 | Sep                       | tember 9, 1                      | 967   7:                       | 50 p M                     |
| 3. PLACE IN BAL  | TIMORE, MARYLAND, W  | HERE PRONOL        | JNCED DEAD  |                 | DENCE (Where              | deceased lived. II ins<br>B. COL | titutian: residence ba<br>JNTY | lare admissiar             |
| FULL NAME OF<br>HOSPITAL OR<br>INSTITUTION                             | (IF NOT IN HOSPITA<br>ADDRESS OR LOCA  | AL OR INSTITUTION) | JTION, GIVE STREET  |                 | land<br>WN (II autsid     | e corparate limits, write        | RURAL ond give t               | ownship)                   |
| 3 Johns  | Hopkins Hosp   | ital               |   | D. STREET ADD   | Baltim<br>RESS (If rural, |                                  | 7                              | -00                        |
| Jonnes   | Hobertus Hosp  | rtar               |   | 1222 1          | . North                   | A170                             |                                |                            |
| 5. SEX   | 6. RACE  |                    | NEVER MARRIED<br>DIVORCED (specify)   | B. DATE OF BIRT | H 16116                   | 9. AGE (In years last birthday)  | Months, Doys                   | Under 24 Hrs<br>Hours Min. |
| Male   | Colored  | TOB KIND OF        | BUSINESS OR INDUSTRY  | IL BIRTHPLACE   | (State or foreig          | 21                               | 12. CITIZEN OF                 |                            |
|  | working life, wen if retired   | - KIND OI          | grantess or industri  | Bulto           | The or lotery             | Q.                               | WHAT COUN                      | TRY?                       |
| 13. FATHER'S NA  |  |                    |   | 14. MOTHER'S M  | ALDEN NAM                 |                                  | LA CITY                        |                            |
| 71/1   | Ohren Joth   | mor                |   | 1.11            | 1 rens                    | more                             |                                |                            |
| 15. WAS DECEASE  | ED EVER IN U.S. ARMED  | FORCES?            | 16. SO CIAL   | 17. INFORMANT   | covi                      | //                               | A D DRESS                      |                            |
| Yes, no or unknown   | (If yes, give war or date  |                    | SECURITY NO.  | 1.1             |                           | 200                              | /                              |                            |
|  | 1  | no                 |   | Juli            | en 1                      | non &                            | tone                           | _                          |
| 1B. 9  | 2 / X,   |                    | CAUSE   | OF DEATH        |                           |                                  |                                | AL BETWEEN                 |
| DISEASES RISE TO THE UNDERLYI  OTHER SIG TO THE DISEASE O  19A, DATE O | ANTECEDENT CAUSES OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST NG CONDITION LAST.  II SNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING F OPERATION 179B. CON | CONTRIBUTII        | HE  | 20A. AUTOPS)    | f? (Yes ar Na)            | 208, IF YES, WERE FI             |                                | ED                         |
| 92   | WAS PER  |                    |   | YE              |                           | IN CERTIFYING CAU                | YES                            |                            |
| 21 A. EXTERNA UNDERLYING UTING CAL  21 D TIME OF INJURY (APPROX.)      | QUOR CONTRIBUSE OF DEATH.  (Month) (Doy) (Year)  | (Hour) 2           | PLACE OF INJURY (e.g., i farm, lactory, street, o lounge  1e. INJURY OCCURRED  WHILE AT NOT N | 21 F. H         | L&M Lou                   | nge 1148 E                       | . North Av                     |                            |
| 22.  |  |                    |   | ORK             | abject                    | was shot du                      | TTILD GIEGIN                   | CILC                       |
| l cer  | rtify that I held on I   | nquiry             | Inspection Aut  | opsy X on       | d that on th              | is bosis, deoth In i             | my opinion                     |                            |
| resu   | Ited from: Notural con   | uses A             | coldent Suicide   | Homic           | ide 🗓 🏻 t                 | Indetermined monn                | er                             |                            |
|  | 6  | 0/                 | 0   | CHIEF M         | EDICAL EX                 | AMINER X                         |                                |                            |
| ACTUA  |  | Ward               | rent  | ASSISTANT M     |                           |                                  | DAT                            | ESIGNED                    |
| SIGNAT   |  | 1                  | M. D.   |                 |                           |                                  |                                |                            |
| HAME (   | T \  | C Tidal            | - W D   | ASSOCIATE N     | AEDICAL E                 |                                  | . 1 . 40                       | 1967                       |
| 23A, BURIAL CRE  | Manner   |                    | er, M.D.  | CREMATORY       | 4 23 D +                  |                                  | ptember 10, tawn, ar caunty)   | (Stota)                    |
| Bund   | S BY HEALTH DEPT.  | 1-67               | Put Oulu<br>OF REGISTRAR  | - Cent          | RAL DIRECTOR              | Bult                             | ADDRESS                        | me                         |
|  | SEP 11 1987  | Rober              | & E / Forley 40   | Chays           | Welson                    | 1000 PM                          | gutten 6                       | RR                         |
| VA 151 BEN 1/3   | 110 10   | 4 8                |   | 70              |                           |                                  |                                |                            |



to aylmla 271-1-7-100 LORETTA VENTER Code Aunt Months Indian Proble Comme Brown libertung 20-1 Pris 10-27





VS 151-REV. 1/1/65

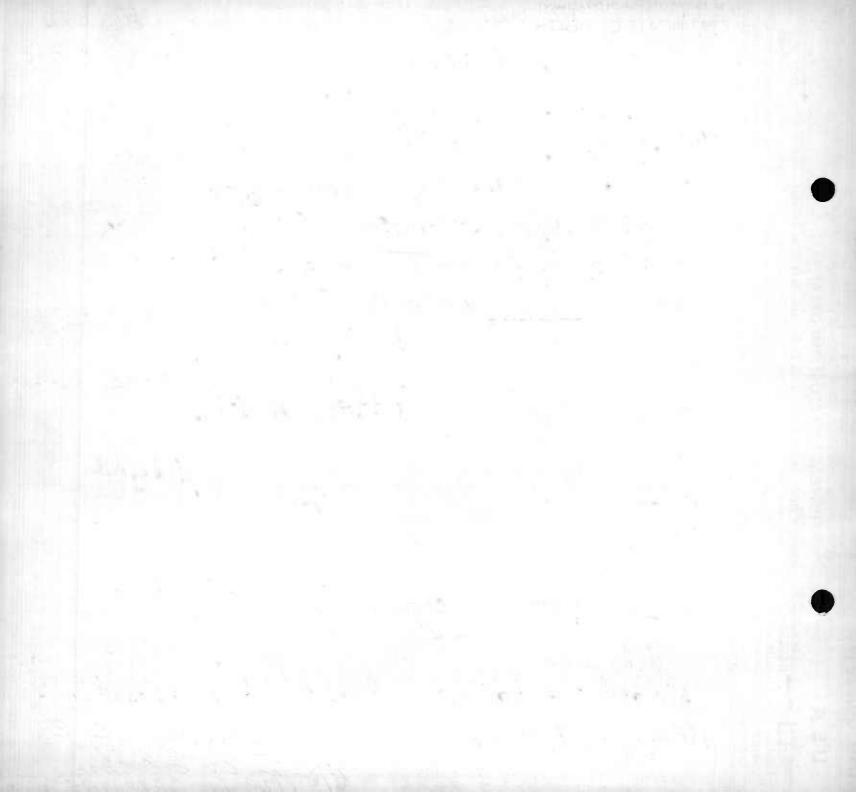
67 8666 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 8556

| ME CASE NO                          | MED   | CAL EXAMINER 5 CEN   | CHEICATE OF DEATH REGISTERED IN                                  | 0,9.                       |
|-------------------------------------|---|--|--|----------------------------|
| M.E. CASE NO.                       | CEASED  |  | 2. DATE AND HOUR PRONOUNCED DE                                   | AD                         |
| Type or Print NE                    | LSON  | JACKSON  | September 3, 1967  | 6:25 P. M.                 |
|                                     |   |  | USUAL RESIDENCE (Where deceased lived, If institution: B. COUNTY | residence before odmission |
| FULL NAME OF HOSPITAL OR NSTITUTION | (IF NOT IN HOSPITA                                | AL OR INSTITUTION, GIVE STREET (TION)  | Fiorida C. CITY OR TOWN (If outside corporate limits, write RURA | L and give township)       |
| Unive:                              | rsity Hospita                                     | 1  | Terrace  D. STREET ADDRESS (If rurol, give location)             | -00                        |
| 5. SEX                              | 6. RACE   | 7. MARRIED, NEVER MARRIED 8.   | Terrace, Florida  DATE OF BIRTH   9. AGE (In yeors   If U        | nder 1 Yr. If Under 24 Hrs |
| Male                                | Nooro   | WIDO WED DIVORCED (specify)  | 7 17 1945 lost birthdoy  | ths Doys Hours Min.        |
|                                     | Negro UPATION (Give kind of work                  | 10B. KIND OF BUSINESS OR INDUSTRY  |  | ITIZEN OF                  |
| one during most of                  | working life, even if retired)                    | 0  | Elleston Florida   | HAT COUNTRY?               |
| 3. FATHER'S NAA                     | AE .  | 14   | MOTHER'S MAIDEN NAME   |                            |
| Clas                                | had. 19   | ested  | Istrancia MA4 Jack   | 21117                      |
| 5. WAS DECEASE                      | O EVER IN U.S. ARMED                              | ORCES? 16. SO CIAL SECURITY NO.  | IMFORMANT  | RESS                       |
| res, no or unknows                  | alli yes, give war or date                        | of service) SECURITY NO.   | · John Jackson   |                            |
| 118.                                | C . V   | CAUSE Ó  | DE DEATH   | INTERVAL BETWEEN           |
| E-7                                 | 8/11  |  | W DEATH  | ONSET AND DEATH            |
| DISEA                               | SE OR CONDITION DI<br>LEADING TO DEATH            |  | . Hound of Choin   |                            |
| (This does                          | not mean the mode of<br>, asthenia, etc. It means | (A) CTHISHOL   | Wound of Groin   |                            |
| injury of co                        | mplication which coused                           | deoth.)  |  |                            |
|                                     | ANTECEDENT CAUSE                                  |  |  |                            |
| DISEASES                            | OR CONDITIONS, IF A                               | NY, GIVING (B)   | •••••••••••••••••••••••••••••••••••••••                          |                            |
| UN DERLYI                           | IE ABOVE CAUSE (A) ST                             | ATING THE  |  |                            |
| Z                                   |   | (C)  |  |                            |
| Ĭ                                   | -11   |  |  |                            |
| TO THE                              | DEATH BUT NOT RE                                  | LATED TO THE   |  |                            |
|                                     | R CONDITION CAUSING                               | DITION FOR WHICH OPERATION   | 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDING           | S CONSIDERED               |
| Ö                                   | WAS PER   |  | IN CERTIFYING CAUSES OF  | DEATH?                     |
| 21A. EXTERNA                        | L CAUSE WAS                                       | 218 PLACE OF INJURY (e.g., in  | Yes or about 21C. WHERE DID (If in Baltimore City, give exa      | Yes                        |
| UNDERLYING                          | L CAUSE WAS<br>LOR CONTRIB-<br>I'SE OF DEATH.     | home, form, foctory, street, offic   | e bldg., INJURY OCCUR?   | 12                         |
| <b>#</b>                            |   | Street   | Mulberry and Pearl St  | s. /-01                    |
| OF INJURY                           | (Month) (Doy) (Year                               |  |  |                            |
|                                     | 9/3/67 6:00                                       | P. WHILE AT NOT WH   | Shot during labor dis  | pute                       |
| 22.                                 | tify that I held an I                             | nquiry Inspection Autop  | and that an this basis, death in my api                          | nian                       |
|                                     | Ited from: Natural ca                             |  | Homicide X Undetermined manner                                   |                            |
|                                     | R   |  | CHIEF MEDICAL EXAMINER   |                            |
| ACTUA                               |   | 1 5/1  | SSISTANT MEDICAL EXAMINER  | DATE SIGNED                |
| SIGNAT                              |   | The Division of the Division o |  | 0/2/67                     |
| HAME (                              |   | r U. Spitz, M.D.   | SSOCIATE MEDICAL EXAMINER  | 9/3/67                     |
| 3A, BURIAL CRE                      | MATION, 23B. DATE                                 | 230 NAME OF CEMETERY OF C  | CREMATORY 23D. LOCATION (City, town,                             | or county) (Stote)         |
| REMOVAL (Specif                     |   | 0/11-  | 42, 1 1-   | 7/11                       |
| Ceme                                | ne lest   | 24B, NAME OF REGISTRAR   | 24C. FUNERAL DIRECTOR  | ADDRESS                    |
| AND DATE REC'D                      | BY HEALTH DEFT.                                   | 1240 NAIVE OF REGISTRAK  | To The Town of the Town  | ADDRESS (                  |
| G                                   | SFP 1 1 1967                                      | a Donald when a land   | Million & Talles   | ne 17799 n                 |

| -        | 717   |                                       | 67                                      | 8667                 | BALTIMORE CITY           | HEALTH DEPARTMEN         | T                             | CM                 | 0000                  |
|----------|---|---------------------------------------|---|----------------------|--------------------------|--------------------------|-------------------------------|--------------------|-----------------------|
| 5-       | 262   | BIRTH NO,                             | 01                                      | 0007                 | CERTIFICA                | TE OF DEATH              | Registered Na                 | 0.5                | 005/                  |
|          | P + P + P   | M.E. CASE NO.                         |   |                      | CERTIFICA                |                          |                               | 1000               |                       |
|          | an<br>ase<br>ase<br>++  | (Type or Print)                       | SED                                     | 1-1211               | -10-                     | /                        | AND HOUR OF DEATH             | 1 .1               | m 1                   |
|          | f d f d d h   | 10                                    | HN L.                                   | STEW                 | ARI                      |                          | ept. 9. 19                    | 671                | 5 15 3 AM.            |
|          | the Dot   | 3. PLACE OF DEATH                     | IN BALTIMORE, MA                        | RYLAND               |                          | 4. USUAL RESIDENCE       | Where deceased lived. If in   | stitution: resider | nce before admission) |
|          |   |                                       |   |                      |                          | 1 4 1 1                  | OUNT                          |                    |                       |
|          | hos<br>Se<br>an<br>de   | HOSPITAL OR                           | (If not in hospital oddresm or location | or institution, give | street                   | Ma.                      |                               |                    |                       |
|          | - TO -  | INSTITUTION                           | 04-10.00                                | an Vos               | Conenal                  | C. CITY OR TOWN          | If outside city limits, write | URAL and give      | township)             |
|          | ca ca   | 119                                   |   | and the              | 1 HOCK                   | ballen                   | rone                          | 7                  |                       |
|          | - 000 40  | 1-1-0                                 | 0 ,                                     | -+0                  | DA THU                   | D. STREET ADDRESS        | (If rural, give location)     |                    |                       |
|          | D. T.   | (). Cho                               | ulas 1                                  | 28 00                | Shell                    | 2031 6.                  | Lanvale                       | 20                 |                       |
|          | ribut<br>ribut<br>nine<br>ular<br>ed p                                | 5. SEX  6.                            | RACE A                                  | 7. MARRIED, NE       | VER MARRIED              | 8. DATE OF BIRTH         | 9. AGE (In years              | If Under 1 Y       | r. If Under 24 Hrs.   |
|          | mir il  | 1100                                  | 1)                                      | WIDOWED, D           | DIVORCED (specify)       | 10 11                    | lost birthday)                | Months Doy         |                       |
|          | ocont<br>orn<br>reg<br>reg  | Made                                  | 10                                      |                      | red                      | 10-16-                   | -AIS 101                      |                    |                       |
|          | 0 0 - 0   | done during most of world             |   | 10B, KIND OF BU      | ISINESS OR INDUSTRY      | 11. BIRTHPLACE (State or | foreign country)              | 12. CITIZEN        | OF<br>OUNTRY?         |
|          | t Por oo  | , , , , , , , , , , , , , , , , , , , | 1 1/.                                   | ·A B                 | ethlehem 5               | 5 (                      | 000000                        |                    | O DIVIKI:             |
|          | Si Ti   | 13. FATHERS NAME                      | macline yo                              | follor 7             | enversa s                |                          | 1040 CM                       |                    |                       |
|          | if death<br>rect or c<br>(4) Undet<br>was in<br>the dec               | 13. PATHICKS INNIVIE                  |   |                      |                          | 14. MOTHER'S MAIDEN      | NAME                          |                    |                       |
| 1        | - 64 + q  | 177.11                                | 113                                     | TENI                 | 6                        | 40000.0                  | Crame.                        |                    |                       |
| Z        | do the da   | 15, Was Deceased Ev                   | er in U. S. Armed For                   | ces? 16              | SOCIAL                   | 17. INFORMANT            |                               | ADI                | DRESS                 |
| A        | 40000   | (Yes, no ar unknown) (If              | yes, give wor or date                   | s of service)        | SECURITY NO.             | C 0 +                    | 7                             |                    |                       |
| 7        | th ki   | No                                    |   | 2                    | 13-07-364                | 1 Charl                  |                               |                    |                       |
| ORT      | if if if as   | 18. 2 6 =                             | 2 VIVL )                                | LAV                  | CAUSE O                  | F DEATH                  |                               | INTE               | RVAL BETWEEN          |
| ٩        | SOOF  | DISEASE                               | OR CONDITION DIE                        | PECTLY               | 7                        | 013                      | 0                             | ONS                | ET AND DEATH          |
| Σ        | So of of other  |                                       | ADING TO DEATH                          |                      | tais                     | 18 trole In              | nelona                        |                    |                       |
| _        | Ta Se E   |                                       | mean the made at                        | dying, e.g.,         | DUE TO                   | - A                      |                               |                    |                       |
| **       | P - 3 0 - 0   | heart failure, ast                    | lhenio, etc. 11 meons                   | the disease,         |                          |                          | - 0                           | 0                  | 0                     |
| OR       | ne n                              |                                       | calian which caused                     |                      | Ho                       | elitense ?               | andiona                       | cula.              | disease_              |
|          | E L L O D O   | AN                                    | TECEDENT CAUSES                         |                      | DUE TO                   | (T                       | ~ ^ ^                         |                    |                       |
| C        | A Pa  | DISEASES OR                           | CONDITIONS, il                          | any, giving          | 0.3                      | ditte ch                 | ellities                      |                    |                       |
| R        | 3 (S = 1 = 2 )  |                                       | abave cause (A)                         | slating the          | (C) / C/LY               | Morre A                  | 132                           |                    |                       |
| <u>=</u> | ical<br>ral<br>ns; (<br>iciar<br>as i                                 | UNDERLTING                            | CONDITION lost.                         |                      |                          |                          |                               |                    |                       |
|          | d in Single   | -                                     | - 11                                    |                      |                          |                          |                               | 110                | 1                     |
| A        | born<br>burn<br>burn<br>hys<br>n w                                    | OTHER SIGNIFIC                        | ANT CONDITIONS C                        | ONTRIBUTING          |                          |                          |                               | I NA               |                       |
| ER       | y by                              | DISEASE OR CO                         | NDITION CAUSING                         |                      |                          |                          | 8/17                          | Topo Ca            |                       |
| ш        | od od od  | 19A. DATE OF OF                       | PERATION 198. CON                       | DITION FOR WHI       | CH OPERATION             | 20A. AUTOPSY? (Yes o     | IN CERTIFING CAL              | INDINGS CON        | ISIDERED              |
| Z        |   | U 21A. ACCIDENT                       | 1173158                                 |                      |                          | fro                      |                               | 313 OI DEAI        |                       |
| <u> </u> | o p e 6 p e   |                                       | WAS UNDERLYING                          | 21 B. PL             | ACE OF INJURY (e.g., i   | or obout 21 C. WHERE DI  | D (If in Boltimore            | City, give exc     | et location)          |
|          | tal by<br>2; (2) B<br>here t<br>No phy<br>before                      | T DEATH (notify me                    | NG CAUSE OF                             | etc.)                | torm, ractory, street, o | nice blag., INJURI OCCU  | K:                            |                    |                       |
|          |   | U                                     | 4 dl) (D) (V)                           | (11 ) (215 111       |                          | 015 115 115              |                               |                    |                       |
|          | d (9)   | OF INJURY                             | Aanth) (Day) (Year)                     |                      | JURY OCCURRED            |                          | INJURY OCCUR?                 |                    |                       |
|          | hosp<br>natur<br>ept w<br>d (6)                                       | (APPROX)                              | -                                       | While /              | At Work                  | e                        |                               |                    |                       |
|          | 00.00   | 22 Leartify the                       | at (1) (this hospital                   | ) attended the       | deceased from            | 8-15                     | 19 6 7 ta                     | 7-9                | 10 67                 |
|          | 0 0   |                                       |   | _                    | 80 to 0                  | 10 /07                   |                               |                    |                       |
| 16       |   | -                                     | st saw the decease                      |                      | Λ                        |                          | d that in (my) (our) api      | nion death ac      | curred on the date    |
|          | leased to<br>leased to<br>ident of<br>hospital<br>o death)            | and hour and fr                       | om the causes sta                       | ted abave. (1) (     | We) (did) (did not)      | iew the body after dec   | ath.                          |                    |                       |
|          | dent<br>deat<br>deat<br>must  | 23A. SIGNATURE                        | 100                                     |                      |                          |                          |                               | 23B, DATE SIG      | SNED                  |
|          | must<br>eleas<br>rcide<br>hos<br>to do                                | alk                                   | motito                                  |                      | M.D. Att.                | ending Med. Director     | Stoff Phys,                   | Son                | 1967                  |
|          |   | 23C. PHYSICIAN'S                      |   | 145                  |                          | AD. ADDRESS 62/          | Develo Ho                     | ahtes              | 2000110               |
|          | at at or  | NAME (Type                            | 50 T 11                                 | 1777                 | TO                       | 1 11000                  | 01/10/15                      | 6.IN 18            | EDUL IDVI             |
|          | y was r<br>y was r<br>(1) An a<br>).A. at<br>d prior                  | AURO                                  | KH I, T                                 | 14001                | 10,                      | NUKTH                    | CHARLES                       | N. W.              | KUC JUST              |
|          | certificat<br>sody was<br>vs: (1) An<br>D.O.A. at<br>ased pric        | 24A. BURIAL CREMA                     | cify) 248. DATE                         | 24C. NAM             | E of CEMETERY OF CR      | MATORY 24                | D. LOCATION (Ci               | y, town, or con    | unty) (Stote)         |
|          | This certification of the body shows: (1) was D.O. deceased written a | 165mo                                 | VA191                                   | 13/67                | A - 44 (1)               |                          | Sock del                      | 1                  | s. C.                 |
|          | S S S S S S S S S S S S S S S S S S S                                 | 26A. DATE REC'D BY                    | HEALTH DEPT.                            | 258 NAME OF          | REGISTRAR                | 25C/FUNERAL DIREC        | TOR                           | 10 11              | DDRESS                |
|          | This ce<br>the boc<br>shows:<br>was D.<br>deceas                      |                                       | SEP 11 1967                             | Up Jew               | E. CalleyMa              | 100 01                   | -5 -9                         | Virl               |                       |
|          |   |                                       |   | ATVOLOR              |                          | Mulla                    | 2, 6, 6)                      | non                | m                     |
|          |   | VS 150-REV. 1/1/65                    |   | 7 0                  | 1 0                      | 0/0/0                    | 139 IV, CA                    | 41011              | 4501                  |

BALTIMORE CITY HEALTH DEPARTMENT



BIRTH NO.

## 67 8668 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 8668

| м.            | E CASE NO.  |  |                         |                        |                                  |   |   |                                     |
|---------------|---|--|-------------------------|------------------------|----------------------------------|---|---|-------------------------------------|
| 1.            | NAME OF DE  | CEASED   |                         |                        | 2. DATE AND HOUR PRONOUNCED DEAD |   |   |                                     |
| 1             | ALFRE   | D  |                         | BERNARD                |                                  | September 5,  | 1967                                    | 6:00 A.                             |
|               | LACE IN BAL   | TIMORE, MARYLAND, W  |                         |                        | A. SIAIL                         | IDENCE (Where deceased lived. If in                 |   |                                     |
| HO            | L NAME OF<br>SPITAL OR<br>TITUTION  | ADDRESS OR LOCA  | AL OR INSTITU<br>(TION) | TION, GIVE STREET      | C. CITY OR T                     | OWN (If outside corporate limits, wr                | te RURAL or                             | nd give toweship)                   |
| 8             | Univer  | sity Hospital  |                         |                        | D. STREET AD                     | DRESS (If rurol, give locotion) Chauncy Avenue      | 2                                       | 01                                  |
| S. S          | EY  | 6. RACE  | 17 AAABBIED             | NEVER MARRIED          | B. DATE OF BI                    |   | 1000                                    | 3 4 37 11 1 04 11                   |
|               | Male  | Negro  | Marri                   | ed Sep.                | April 2                          | 21,1907   lost birthdoys 60                         |   | Doys Hours Min.                     |
|               |   | UPATION (Give kind of worl<br>working life, even if retired) | 108 KIND OF             | BUSINESS OR INDUSTR    |                                  | E (Stote or foreign country) Leans La.              | 12. CITIZ                               | EN OF<br>AT COUNTRY?                |
| 13.           | ATHER'S NAM   | ME   |                         |                        | 14. MOTHER'S                     | MAIDEN NAME   |   |                                     |
| -4            | lfred   | Bernard  | CORCES?                 | 16. SO CIAL            | Lenn                             | Hennesy   | A D D D T C C                           |                                     |
|               |   | (If yes, give wor or date                                    |                         | SECURITY NO.           |                                  |   | Bro                                     | nxN.Y.                              |
|               | no  |  |                         | 056-16-568             | 39 Irms                          | Bernard 22W.18                                      | lst.                                    | St.                                 |
|               | 1B.   | 211  |                         | CAUS                   | E OF DEATH                       |   |   | INTERVAL BETWEEN<br>ONSET AND DEATH |
|               | DISEA   | SE OR CONDITION DI   |                         |                        |                                  |   | 47                                      | OITSET AITS STATE                   |
|               | (This does  | LEADING TO DEATH   |                         | Arterio                | scleroti                         | c Cardiovascular Di                                 | sease                                   |                                     |
|               | neon tollure  | , osthenio, etc. It meons<br>implication which coused        | the discose,            | DUE TO                 |                                  |   |   |                                     |
|               |   | ANTECEDENT CAUSE   |                         |                        |                                  |   |   |                                     |
|               | DISEASES  | OR CONDITIONS, IF A  | NY, GIVING              | DUE TO                 |                                  |   |   |                                     |
| z             |   | NG CONDITION LAST.   |                         | (C)                    |                                  |   |   |                                     |
| ATIO          | OTHER SIG   | II SNIFICANT CONDITIONS                                      | CONTRIBUTION            | G                      |                                  |   |   |                                     |
| CERTIFICATION | TO THE  | DEATH BUT NOT RE   | LATED TO TH             |                        |                                  | ***************************************             | *************************************** |                                     |
| CER           | 19A. DATE O   | F OPERATION 198. CON<br>WAS PER                              |                         | HICH OPERATION         |                                  | SY? (Yes or No) 208. IF YES, WERE IN CERTIFYING CAL |   |                                     |
| X             | 21 A. EXTERNA   | L CAUSE WAS  |                         | LACE OF INJURY (e.g.,  | in or obout 21C.                 | WHERE DID (If in Boltimore City,                    | give exact la                           |                                     |
| MEDICA        | UTING CAL   | OR CONTRIB-  | etc.)                   | form, factory, street, | omce bidg., INJU                 | RY OCCUR?   |   |                                     |
|               | OF INJURY<br>(APPROX.)  | (Month) (Doy) (Yeor  |                         | E. INJURY OCCURRED     | WHILE                            | HOW DID INJURY OCCUR?                               |   |                                     |
|               | 22.   | att at a L1 - L1   | m. W                    | ORK AT V               | VORK [                           |   |   |                                     |
|               | certify that   held an   Inquiry   Inspection   Autopsy   A   and that an this basis, death in my apinian resulted fram: Natural causes   Accident   Suicide   Hamicide   Undetermined manner |  |                         |                        |                                  |   |   |                                     |
|               |   | 1  |                         |                        |                                  | MEDICAL EXAMINER                                    |   |                                     |
|               | ACTUA   |  | e h.                    | 7 M.D                  | TECHTANIE                        | MEDICAL EXAMINER                                    |   | DATE SIGNED                         |
|               | EXAMIN<br>NAME (  | NER'S Werne  | r U. Sp                 | itz, M.D.              | -                                | MEDICAL EXAMINER                                    | 9                                       | 9/5/67                              |
|               | BURIAL CRE  |  | 230                     | NAME of CEMETERY       | or CREMATORY                     | 23D. LOCATION (Cit                                  | ty, town, or o                          | county) (Stote)                     |
|               | Burial  | 9/12/  | 1967 M                  | t. Auburn              | Cem.                             | Balto.  | Md.                                     |                                     |
| _             |   | BY HEALTH DEPT.  |                         | OF REGISTRAR           |                                  | ENAL DIRECTOR                                       |   | DDRESS                              |
|               | SEP 1 1 1967 10 1 2 3 0 10 Man Pilliams Yunelal fone 3/9 Michaelas  |  |                         |                        |                                  |   |   |                                     |

COLUMN TO THE PROPERTY OF THE 

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8669

| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  ADDRESS OR LOCATION)  933 W. Mulberry Street  S. SEX  6. RACE  Negro  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)  Married  Negro  10A. USUAL DECUPATION (Give kind of work in done duging most of working life, even if refired)  HOSPITAL  13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no or unknown) (If yes, give wor or doles of service)  Negro  16. SOCIAL  SECURITY NO.  17. INFORMANT  ADDRESS  17. INFORMANT  ADDRESS  18. USUAL RESIDÊNCE (Where deceosed lived. If institution: residence beform. A. STATE  Maryland  C. CITY OR TOWN (If outside corporote limits, write RURAL and give to a continuity of the conti | Jnder 24 Hrs<br>ours Min. |
|--|---------------------------|
| ANTECIDENT CAUSES  DISEASE OR CONDITION DIRECTLY List a does not mean the mode of dying, e.g., riginy or complication which coused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITION LAST.  OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION CAUSE OF DEATH.  OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION CAUSES (II) store to the consequence of the conse | Under 24 Hrs<br>ours Min. |
| 933 W. Mulberry Street    D. STREET ADDRESS (If rure), give locoson)   | ours Min.                 |
| Male  Male  Megro  Megr | ours Min.                 |
| CAUSE OF DEATH   CLAUSE OF D   | RY?                       |
| S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown), lif yes, give wor or doles of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   |                           |
| 1. Security No.   1. Securit   |                           |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, osterino), etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION  ANTECEDENT CAUSES  DISEASE OR CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?  21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UNDERLYING CAUSE OF DEATH.  21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Baltimore City, give exact location) home, form, foctory, sheet, office bldg., INJURY OCCUR?  | ry St.                    |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., head foilure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19.A. DATE OF OPERATION 1.98. CONDITION FOR WHICH OPERATION 20.A. AUTOPSY? (Yes or No.) 20.B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?  21.A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  21.A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH?  21.B. PLACE OF INJURY (e.g., in or about 21.C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg, INJURY OCCUR?  | L BETWEEN                 |
| 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?  21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?   | D                         |
| OF INJURY  |                           |
| m. WORK AT WORK  |                           |
| SIGNATURE  SIGNATURE  EXAMINER'S  NAME (Type)  Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER  September 8,   | SIGNED                    |
| 23A. BURIAL CREMATION, PREMOVAL (Specify)  Sept.13,1967  Mt. Calvary Com. Coder Hill Md.   | (Stote)                   |

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VS 151-REV, 1/1/65

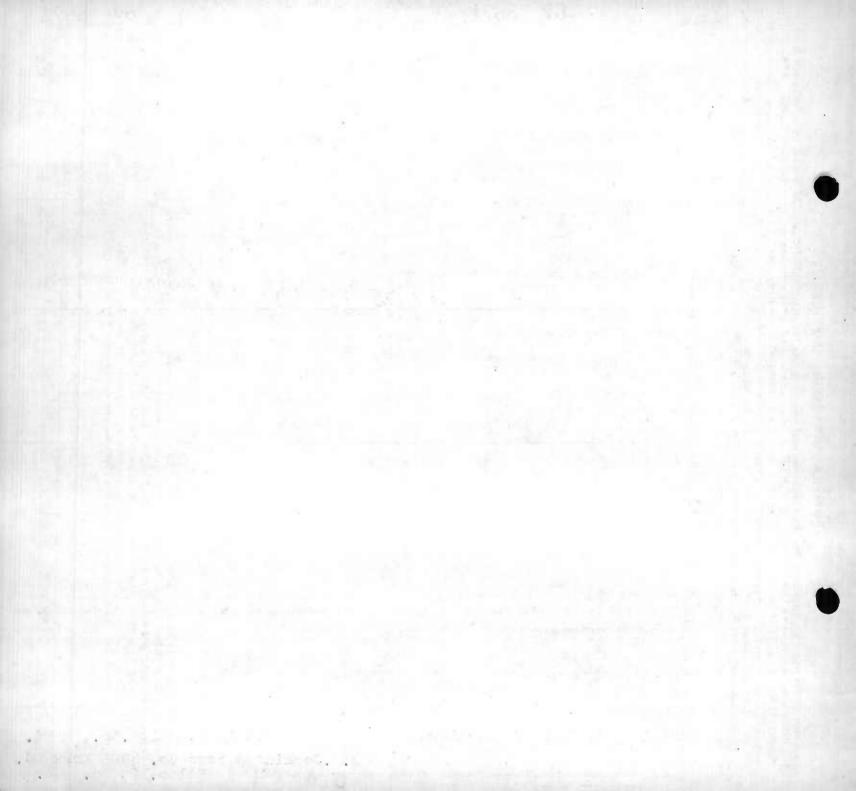
24A. DATE REC'D BY HEALTH DEPT.

24B NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

ADDRESS

|            | TH NO. 67. 8671 CERTII   | FICATE OF DEATH Registered No.                                  | 67 8671  |
|------------|--|---|--|
| N + 3 1.1  | NAME OF DECEASED   | 2. DATE AND HOUR OF DEATH                                       | 11500  |
| E .        | PLACE OF DEATH IN BALTIMORE, MARYLAND  | 4. USUAL RESIDENCE (Where deceased lived, If in                 | 1 / P M.   |
|            |  | A. STATE  | ismonon, residence belove outilission/                 |
| 2          | FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) NSTITUTION   | C. CITY OR TOWN (If outside city limits, write I                | RURAL ond give township)                               |
| 15         | Md. General Hosp   | D. STREET ADDRESS (Il yurol, give locotion)                     | 21-04  |
| 1          | 102 00 000   | 1512 PENTWOOD   | Pd   |
| 5. 5       | WIDOWED, DIVORCED (spe   | B. DATE OF BIRTH 9. AGE (In years                               | If Under 1 Tr. If Under 24 Hrs. Months Doys Hours Min. |
| 102        | USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR IN   | DUSTRY 11. BIRTHPLACE (State or foreign country)                | 12. CITIZEN OF   |
| don        | e dyring most of working life, even if retired) BUS OPERATOR GALTIFES, -0 BC   | 01.1  | WHAT COUNTRY?  |
| 13.        | FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  | 1034   |
|            | Louis Romin  | CLARA BLOTKAM   | P  |
| 15.<br>(Ye | Wos Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO   | 17. INFORMANT   | ADDRESS  |
|            | 173-07   | are (WIFE)  | (SILL)   |
|            | DISCOUNT OF CONDITION DISCOUNT   | NUSE OF DEATH   | INTERVAL BETWEEN ONSET AND DEATH                       |
| K          | LEADING TO DEATH   | ARCINONA of LUNG &  Of LIVER, SIGN, CAS                         | about lyer.  |
|            | (This does not mean the made of dying, e.g., DUE heart failure, asthenia, etc. It means the disease, injury at complication which caused death.) | of Liver Skin CNC   | 2  |
|            | ANTECEDENT CAUSES (B)  |   |  |
| 9          | DISEASES OR CONDITIONS, if any, giving   | 10  | BALL SEAVE   |
|            | rise to the above cause (A) stating the UNDERLYING CONDITION last.   |   |  |
| z          | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  |   |  |
| ATIO       | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |   |  |
| ERTIFIC    | 198. CONDITION FOR WHICH OPERATION WAS PERFORMED   | N 20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED<br>USES OF DEATH?                  |
| CER        | 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUS  |   | e City, give exact location)                           |
| CAL        | DEATH (notify medical examiner)  | need once stugg Insort occor.                                   |  |
| MEDI       | 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURS   | 21F. HOW DID INJURT OCCUR?                                      |  |
|            | (APPROX)   | M Work  |  |
|            | 22. I certify that (I) this haspital) attended the deceased fra that (N) (we) last saw the deceased alive an                                     | m 7-3 19 (7 to  | 9-7 19-67  |
|            | and haur and from the causes stated above. (1) (Ma) (did) (Mice)   |   | nion death accurred on the date                        |
|            | 23A. SIGNATURE   |   | 238. DATE SIGNED                                       |
|            | Track of Sound 510 M.  | Phys. Director Phys.  | 7-7-67   |
|            | 23C. PHTSICIAN'S<br>NAME (Type)  | 23D. ADDRESS  | 1/50   |
| 244        | BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER   | M.D. / d. VELET /   | ity, town, or county) (Stote)                          |
|            | Burial 9/11/1967 Woodlawn  |   |  |
| 254        | DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  | Woodlawn, Ba  | ADDRESS  |
|            | SEP 1 1 1967 12 0 1 8 . 50 9 4   | H.W.Jenkins & Sons Co   | 12. Md.  |
| Λ2         | 150-REV. 1/1/65  |   |  |



VS 150-REV. 1/1/65

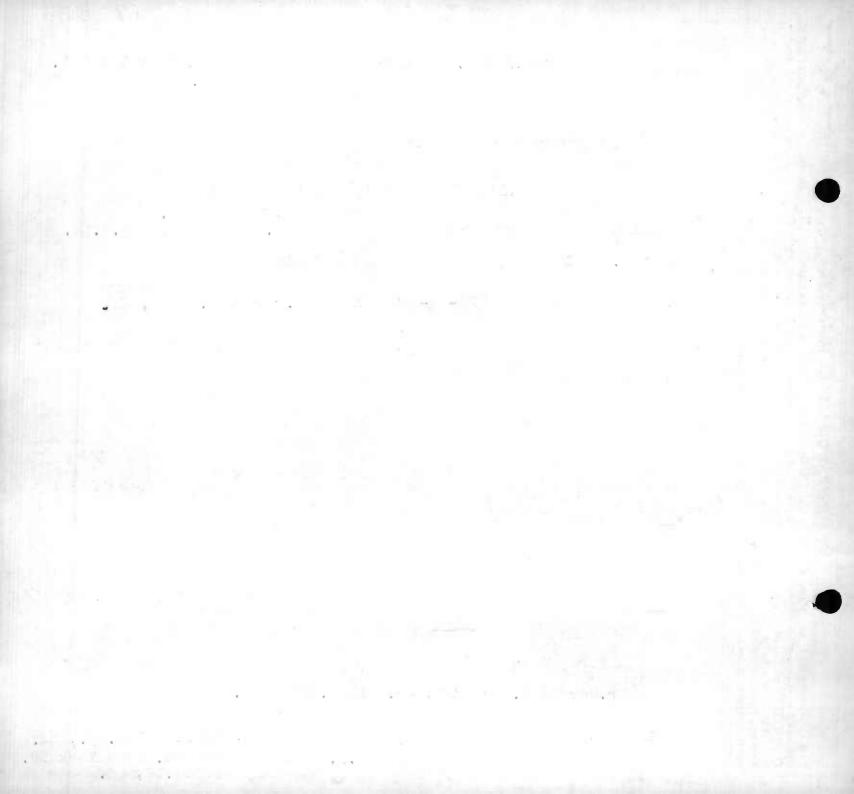
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BALTIMORE CITY HEALTH DEPARTMENT

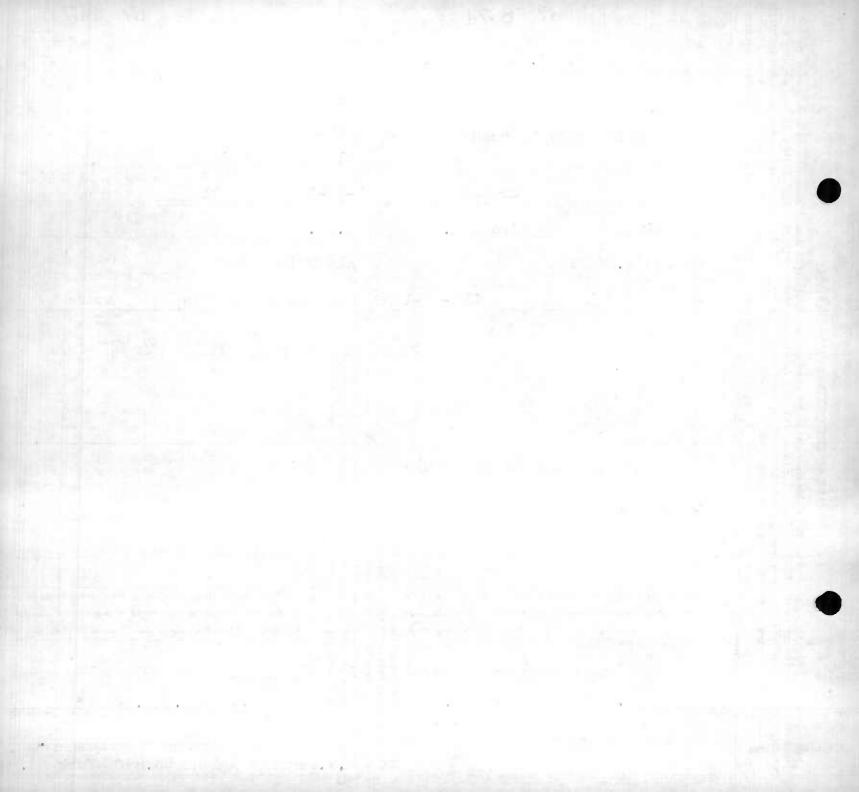


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FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



|  | ICATE OF DEATH Registered No.   | 67 4   |
|--|---|--|
| 1. NAME OF DECEASED  |   | 1255   |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND   | 4. USUAL RESIDENCE (Where deceased lived, If institution:   | M.   |
| NAME OF STATE OF STAT | A. STATE B. COUNTY  | residence bolore damassion)                  |
| FULL NAME OF (If not in hospital or institution, give street   | 7726 GREENVIEW leek   | ACE - 11/2                                   |
| HOSPITAL OR oddress or locotion)   | C. CITY OR TOWN (If outside city limits, write RURAL or   | nd give township)                            |
| to an il Hangital  | Battimorello.   | 3-00   |
| Ovior Memorial Hogy. Tal   | D. STREET ADDRESS (If rurol, give locotion)   |  |
| V  | 7726 GREENVIEW HEER   | 4  |
| S. SEX  6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe-   | B. DATE OF BIRTH 9. AGE (In yours If Und Months   | er 1 Yr. If Under 24 Hrs.<br>Doys Hours Min. |
| /// W Widowed  | 09-29-87 79 gree  |  |
| 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INI  | OUSTRY 11. BIRTHPLACE (State or foreign country) // 12. CIT   | TIZEN OF                                     |
| Rail coal Conductes B & O KR   | BALTIMORE, Md. (A   | merilladies                                  |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  | 11/400                                       |
|  | 1011  |  |
| Robert H. RENNIE   | Welia Voyce   |  |
| 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO   | 17. INFORMANT   | 4 E. LAKE                                    |
| No A-638-1   |   | AVE.   |
| 18. CA   | USE OF DEATH  | INTERVAL BETWEEN                             |
| DISEASE OR CONDITION DIRECTLY  |   | ONSET AND DEATH                              |
| LEADING TO DEATH   | (a of read agent  |  |
| (This does not meon the mode of dying, e.g., DUE   |   |  |
| heort foilure, osthenio, etc. II meons the diseose, injury or complication which coused death.)  | e Wetastry a lings  |  |
| ANTECEDENT CAUSES (B)  | Partil collars A Ple  | <del></del>                                  |
| DISEASES OR CONDITIONS, if ony, giving   |   | 1  |
| rise to the obove couse (A) storing the (C)  | Je justicae Confestin & du  | To   |
| UNDERLYING CONDITION Iosi.   | (lewal expression   |  |
|  | 00  | 0  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   | Marine  | il jerenez                                   |
| DISEASE OR CONDITION CAUSING IT.   |   | 11   |
| 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF   | S CONSIDERED                                 |
| E 9. 5. 6.7 WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING TO 121B. PURCE OF INJURE   | us.   | - /  |
| OR CONTRIBUTING CAUSE OF home form, foctor, s  | Y(e.g., in or about 21 C. WHERE DID (If in Baltimore City, gi   | ve exoct locohon)                            |
| DEATH (notify medical examiner)  |   |  |
| 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURR  | ED 21F. HOW DID INJURY OCCUR?   |  |
| While At N   | ot While  |  |
| 110K = 2   | 0 17 17 0   | · 10 1967                                    |
|  |   |  |
| 22. I certify that (this hospital) attended the deceased from  |   |  |
| that (X(we) lost sow the deceased alive on   | 10 19 6 7 and that In(m) (our) apinion de   | ath occurred on the dote                     |
|  |   | ath occurred on the dote                     |
| that (N(we) lost sow the deceased alive on   | not) view the body ofter death.   | ATE SIGNED                                   |
| that (M(we) lost sow the deceased alive on   | net) view the body ofter death.   | ATE SIGNED                                   |
| that (N(we) lost sow the deceased alive on   | D. Attending Med. Director Phys. 23B. DA  |  |
| that (N(we) lost sow the deceased alive on   | D. Attending Med. Staff Phys. 23B. DA   | ATE SIGNED                                   |
| that (N(we) lost sow the deceased alive on   | Attending Med. Stoff Phys. 23B. DA  Attending Med. Director Phys. 9  23B. DA  23B. DA | 10.67  |
| that (N (we) lost sow the deceased alive on 9 and hour and from the couses stated above. (We) (did) (did) 23A. SIGNATURE  23C. PHYSICIAN'S   | Attending Med. Stoff Phys. 23B. DA  Director Phys. 7  THE UNION MEMORIAL HOSPITA  | 10.67  |
| ond hour ond from the couses stated obove. (We) (did) (did 23A. SIGNATURE  23C. PHYSICIAN'S  R NEWELLIAN J. MARTIN  24A. BURIAL CREMATION, 124B. DATE  124C. NAME of CEMETERY  | Attending Med. Stoff Phys. 23D. ADDRESS THE UNION MEMORIAL HOSPITA or CREMATORY 24D. LOCATION (City, town,  | 10.67  |

Edward Homenson To The cat 56 - 25 - 20 den Music Con Walin Jayen MINET H MEDIC Paris allert & Pelante

| 53 ( BETH NO. 67 86   | BALTIMORE CITY HEALTH DEPA   |  | 0000                                   |
|---|--|--|--|
|   | 76 CERTIFICATE OF D  | EATH Registered No.                          | 67 8676                                |
| M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  GERRIT VAN DER STA   |  | 2. DATE AND HOUR OF DEATH                    |  |
| GERRIT VAN DER STA  | AY   | 4-10-67                                      | 6:50A M                                |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND  10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |  | DENCE (Where deceased lived, If in B. COUNTY | stitution: residence before admission) |
|   | MARVIA   |  |  |
| HOSPITAL OR oddress or location)  | C. CITY OR TO  |  | RURAL and give township                |
| +   | BALTIA   |  | 13-01                                  |
| THE JOHNS HOPKINS HOSPI   | D. JIKEEL ADE  |  |  |
|   | 2408 L   | INDEN AVENUE                                 |  |
| D. SEX 6. RACE 7. MARRIEI WIDOW WIDOW MARRIEI WIDOW WIDOW WIDOW MARRIEI WIDOW | D. NEVER MARRIED ED, DIVORCED (specify)  B. DATE OF BIR  |  | If Under 1 Yr. , II Under 24 Hrs.      |
| E SMALE WHITE MARR  | 1ED 10-14-9  | lost birthdoyl                               | Months Days Hours Min.                 |
| Tion during most of working life, even if retired   | F BUSINESS OR INDUSTRY 11. BIRTHPLACE  | (State or foreign country)                   | 12. CITIZEN OF                         |
| done during most of working life, even if retired)  |  | 1-11-01                                      | WHAT COUNTRY?                          |
| 13. FATHERS NAME  | 14. MOTHERS  | MAIDEN NAME                                  | ust                                    |
| Retired Engineer  13. FATHER'S NAME  14. VANI DER STAAV   |  |  |  |
| JAN VAN DER STAAY  15. Was Deceased Ever in U. S. Armed Forces?   | CORNEL 17. INFORMANT   |  |  |
|   | 17. INFORMANT  |  | ADDRESS                                |
| Tres, no or unknown all yes, give wor or doles of services  | ars. Be  | tty VanderStaay                              | (Same)                                 |
| 18. 1 S 1. O M 5 9 0 3.0 2  | AUSE OF DEATH  |  | INTERVAL BETWEEN ONSET AND DEATH       |
| DISEASE OR CONDITION DIRECTLY   | EXAM   | T. 1111                                      |  |
| LEADING TO DEATH (This does not meen the made of dying, by  | DE TO MILLISTA   | at bluddy                                    | Carenona 9 mas                         |
| heort failure, asthenia, etc. It means the discount injury ar camplication which coused death.)   | 1 20   |  |  |
| 3 - 4   |  | me allado                                    | 16 mone the                            |
| ANTECEDENT CAUSES   | DIE TO   |  |  |
| DISEASES OR CONDITIONS, if ony, grise la lhe above cause (A) sloling  | C ASS  |  |  |
| UNDERLYING CONDITION lost.  | 14 -   |  |  |
|   | 16 3   |  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO  | HE SOLTH   | 0  | 30 days.                               |
| DISEASE OR CONDITION CAUSING IT.  | - wingel   | grallmel                                     |  |
| 198. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED.  | WHICH OPERATION 2004. AUTOPS   | Y? (Yes or No) 208. IF YES, WERE F           | FINDINGS CONSIDERED<br>USES OF DEATH?  |
| U 21 A. ACCIDENT WAS UNDERWING   21   | BALACE OF INJURY ( Jg., in or obout 21 C. W  | HERE DID. III in Bultimore                   | City, give exact location)             |
| OR CONTRIBUTING CAUSE OF he det   | Me, farm, factory, street, alfice bldg., INJURY  | Y OCCUR?                                     |  |
| 999   | rome. 2  | 2408 LINDER                                  | 27706                                  |
| OF INITIES AND AND A  | and the second s | OW DID INJURY OCCUR?                         |  |
|   | hile At Not While At Work  |  |  |
| 22. I certify that (1) (this hospital) attended   | the deceased fram  | 15 196 7 to 9                                | -10 1967.                              |
| that (1) (we) lost saw the deceased alive an  | 9-10 196   |  | nion death occurred an the date        |
| and haur and fram the causes stated above.  |  |  |  |
| and haur and fram the causes stated above.  | 1 11   |  | 23 B. DATE SIGNED                      |
|   | M.D. Attending   | Med. Sioli                                   | 9-11-17                                |
| LL 23C. PHYSICIAN'S   | Phys. D  | Director Phys                                | 1001                                   |
| NAME (Type)   |  | a blanking Ho                                | spital                                 |
| 0.  | M.D. John  | 2 (40 dates 110                              |  |
| 24A. BURIAL CREMATION, 24B. DATE 24C. N   | AME of CEMETERY OF CREMATORY   | 11   | ly, town, or county) (Stote)           |
| Burial 9/14/67. Mc 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME SEP 11 1967 (7.2.)   | aple Hill (emetery   | Wilkes Ba                                    | vre, Pa.                               |
| SEP 1 1 1967 258. NAME  | - A  | AL DIRECTOR                                  | ADDRESS                                |
| SET 11 196/ , (1) Ball  | Entalle Leonar   | dy. Ruck, Inc. Be                            | alto. Md.21214                         |
| VS 150-REV. 1/1/65  | * * * * * * * * * * * * * * * * * * *  | 7 0  |  |

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| BIRTH NO.<br>M.E. CASE NO.  | 6'  | 6 86   | CERTIFICA   | TE OF DEA            | ATH Registered No                            | . 67 8677  |
|---|---|--|---|----------------------|--|--|
| 1. NAME OF DE<br>(Type or Print)  |   | r G. SA  | מישישיים א  |                      | DATE AND HOUR OF DEATH                       | Н  |
| . PLACE OF D  | EATH IN BALTIMORE, M.                                   |  | NIMIER  |                      | Sept. 8, 1967.                               | institution: tesidence before admissio                 |
| FULL NAME<br>HOSPITAL OR<br>INSTITUTION                                 |   | or institution,<br>on)   | give stree!   | Md.                  | B. COUNTY                                    | e RURAL ond give township)                             |
|   |   |  |   |                      | Baltimore                                    | 26-06  |
| 00  | 4230 Seidel   | Avenue   |   | D. STREET ADDRES     | (If rurol, give locotion) 4230 Seidel        | Avenue   |
| Male  | 6. RACE White   | WIDOWE   | , NEVER MARRIED<br>D, DIVORCED (specify)<br><b>ried</b>     | 8. DATE OF BIRTH     | 9. AGE (In years lost birthday)              | If Under 1 Yı. If Under 24 H<br>Months Doys Hours Min. |
| OA, USUAL OC  | CUPATION (Give kind of wo                               | rk 10B. KIND O   | F BUSINESS OR INDUSTRY                                      | 11. BIRTHPLACE (Sto  | te or foreign country)                       | 12. CITIZEN OF<br>WHAT COUNTRY?                        |
|   | ed Fireman  | Balto.   | City Fire Dep   | t. Mar               | yland  | USA  |
| 3. FATHER'S NA  |   |  |   | 14. MOTHER'S MAI     |  | -  |
|   |   | antmyer  |   |                      | Laure  | a Pool   |
|   | d Ever in U.S. Armed Forn) (If yes, give wor or do      |  | 1 6. SOCIAL<br>SECURITY NO.                                 | 17. INFORMANT        |  | ADDRESS  |
| No  |   |  | 212-03-8930   | Mrs. Emily           | M. Santmyer                                  | (Same)   |
| DISEASES rise la 1 UNDERLYIN  OTHER SIGN TO THE DISEASE OI 19.4. DATE O | WAS PE  | s the diseose, d deoth.)  S ony, giving stating the CONTRIBUTIN ATED TO THIT.  NOTION FOR FORMED | DUE TO  | 000                  | Yes or No) 20B, IF YES, WERI IN CERTIFYING C |  |
| OR CONTRIE  | ENT WAS UNDERLYING [BUTING CAUSE OF y medical examiner) | 21B<br>hon<br>etc.   | PLACE OF INJURY (e.g., in<br>ne, form, foctory, street, of  | fice bldg., INJURY O | E DID III in Boltimo                         | ore City, give exoct locotion)                         |
| 21 D. TIME<br>OF INJURY   | (Month) (Doy) (Year)                                    | Wh   | . INJURY OCCURRED   | e 🗆 /                | DID INJURY OCCUR?                            |  |
|   |   | Wo   |   | 1111                 | /3   | 9/4  |
|   |   |  | he deceased from  | 11 1                 | 19 6 / to                                    | 1 1 0 196 /  |
| thot (I) (we  | last saw the deceas                                     | ed olive on  | 8142  | 19 6                 | ond that in (my) (our) or                    | pinian death occurred an the d                         |
|   |   | ted obove. (   | l) <del>(We)</del> ( <del>did)</del> (did <del>mot)</del> v | iew the body ofter   | deoth.                                       |  |
| 23A. SIGNAT   | Jauls m   | ueller   | M.D. Atte   | ending Med.          | tor Stoff Phys.                              | 23 B. DATE SIGNED 9/8/67                               |
| 23 C. PHYSICI<br>NAME I   | Type)  L  EMATION, 24B. DATE                            | MUE<br>24C.N.  | AME of CEMETERY OF CRI                                      | 64 // /              | BELAIR 1                                     | ROAD City, town, or county) (Stote)                    |
| REMOVAL<br>Buria<br>SA. DATE REC  | BY HEALTH DEPT.   | 67 Woo   | dlawn Com   | 25C. FUNERAL D       | Balto Md.                                    | ADDRESS  |
|   |   |  |   | Leonard              | J. Ruck, Inc. B                              | alto. Md. 21214  |
| S 150-REV. 1/1  | 16-SEP 11 1967  | TO DEL   | DE MONKEUN  | 0 8 0                | 7 7  |  |

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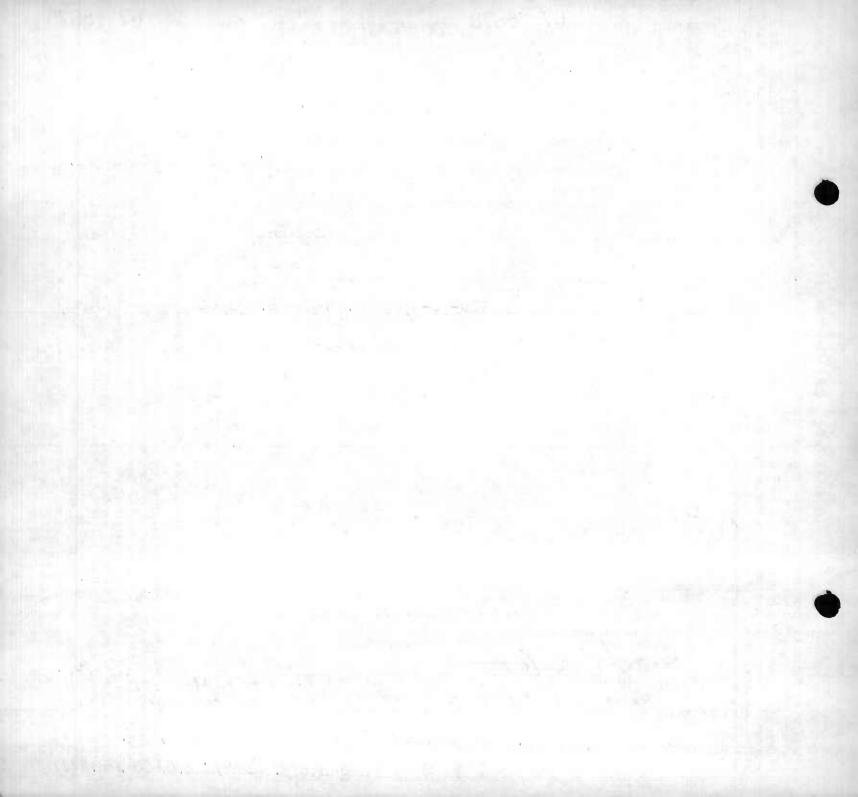
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|                             | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death and the body was released to the hospital by a medical examiner. | snows: (1) An accident of any nature; (2) body burns; (3) A tracture of any kind; (4) Undefermined cause; (3) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on these | deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. |
|                             | -   | 1 5   | 70 ₹  |

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|--|-------------------|
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE Where decessed fived. If institution residence to different the street of the different transfer of the different |                   |
| FULL NAME OF HOSPITAL OR INSTITUTION  WATCH ODDERS OF INSTITUTION  WATCH OF HOSPITAL OR INSTITUTION  WATCH ODDERS OF INSTITUTION  WATCH OF HOSPITAL OR CITY OF TOWN (III outside city limits, write RURAL and give town Baltimore 21206  D. STREET ADDRESS (III rurol, give location)  4749 Shamrock Ave.  WHOWED, DIVORCEO (specify)  Wildowed  July 15, 1888.  79  WATCH OF BUSINESS OR INDUSTRY  103. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY)  WATCH OF WHAT COUNTY OF WH | before odmission) |
| 5. SEX  6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Widowed  10A. USUAL OCCUPATION (Give kind of work) Interval of the dome during most of working life, even if retired)  Retired Carpenter  13. FATHERS NAME  15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)  15. Wos Deceased Ever in U. S. Armed Forces? No  16. SOCIAL SECURITY NO.  579-01-0320  17. INFORMANT  ADDRES  18.  CAUSE OF DEATH.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH.  INTERVAL ONSET A   | waship of         |
| 5. SEX  6. RACE  Male  White  Widowed  10A. USUAL OCCUPATION (Give kind of work lite)  Retired Carpenter  13. FATHERS NAME  Unknown  15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  No  No  CAUSE OF DEATH.  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  7. MARRIED, NEVER MARRIED WIDOWER, NEVER MARRIED B. DATE OF BIRTH  9. AGE (In yeors lost birthday) Tost birthday Tost bi |                   |
| done during most of working life, even if retired)  Retired Carpenter  13. FATHER'S NAME  Unknown  15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service)  No  18.  CAUSE OF DEATH.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH.  CAUSE OF DEATH.  INTERVAL ONSET A  CAUSE OF DEATH.  CAUSE OF DEATH.  INTERVAL ONSET A  CAUSE OF DEATH.  CAUSE OF DEAT | If Under 24 Hrs.  |
| done during most of working life, even if retired)  Retired Carpenter  13. FATHER'S NAME  15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service)  No  16. SOCIAL SECURITY NO.  579-01-0320  17. INFORMANT  SECURITY NO.  579-01-0320  Mr. John C. Jensen, 9216 Nottingwood  INTERVAL ONSET A  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH.  ONSET A   | Hours Min.        |
| No    CAUSE OF DEATH.   CAUSE OF DEATH.   INTERVAL ONSET A DISEASE OR CONDITION DIRECTLY LEADING TO DEATH.   CAUSE OF DE | NTRY?             |
| No   |                   |
| No    CAUSE OF DEATH.   CAUSE OF DEATH.   INTERVAL ONSET A DISEASE OR CONDITION DIRECTLY LEADING TO DEATH.   CAUSE OF DE |                   |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  ONSET A  |                   |
| DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stoting the UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  | <u></u>           |
| 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?  | EKED              |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?  Etc.)  21A. ACCIDENT WAS UNDERLYING 1  (If in Boltimore City, give exact lo home, form, foctory, street, office bldg., INJURY OCCUR?   | ocotion)          |
| 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  While At Work   Not While   At Work   Not Work   Not Work   Not While   Not Work   No |                   |
|  |                   |
| 22. I certify that (1) (this hospital) attended the deceased from 19 62 to 52/1  | 19 6 7            |
| ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.   | red on the dot    |
| 23A. SIGNATURE 23B. DATE SIGNED  | D                 |
| M.D. Attending X Med. Stoff Phys. 9-8-67   |                   |
| 23C. PHYSICIAN'S NAME (Type)  M.D.  23D. ADDRESS  M.D.  73D3 Non-th Charles  |                   |
| Francis T. Daly  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify)  24D. LOCATION (City, town, or county)   |                   |
| Burial 9/11/67 Gardens of Faith Cemetery Baltimore, Md.  |                   |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDI  |                   |
| SEP 11 1967 Leonard J. Ruck Inc. 5305 Har  | (Stote)           |

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AND THE PERSON NAMED IN COLUMN TAXABLE PARTY OF THE PERSON NAMED I

| C7 007   | BALTIMORE CITY H   | EALTH DEPARTMENT                       |                                 | CM 9000                                |
|--|--|--|---------------------------------|--|
| BRTH NO. 67 867  | CERTIFICAT   | E OF DEATH                             | Registered Na                   | 67 8679                                |
| M.E. CASE NO.  1. NAME OF DECEASED   |  | 2. DATE AND                            | HOUR OF DEATH                   |  |
| (Type or Print) MARY B. ECKEL  | 1  | SEPTE                                  | HEER LO.                        | 9671 2:30 A                            |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND   |  | USUAL RESIDENCE (Where                 | deceased lived. If ins          | stitution: residence before admission  |
|  |  | . STATE B. COUNT                       | 1                               |  |
| FULL NAME OF (If net in hospitel or institution, g<br>HOSPITAL OR eddress or lecotion)                         |  | Md.                                    | ide city limits write R         | URAL and give township)                |
| INSTITUTION  |  |  | 01                              | 76-07                                  |
| 37 Mercy Haspil  | tal  | . STREET ADDRESS (If ri                | Baltimore  ural, give lecetion) | N                                      |
| 5/11/2011  |  | 221                                    | 6 (hester                       | tiold Avo.                             |
| S. SEX 6. RACE 7 MARRIED   |  | DATE OF BIRTH 9                        | . AGE (In years                 | If Under 1 Yr. , If Under 24 Hrs       |
|  | DIVORCED (specify)   | 12-6-98                                | ost birthdey)                   | Menths Days Hours Min.                 |
| OA. USUAL OCCUPATION (Give kind of work 108, KIND OF   |  | BIRTHPLACE (State or foreig            | n ceuntry)                      | 12, CITIZEN OF                         |
| lene during mest of working life, even if retired)   |  | M 1 1                                  |                                 | WHAT COUNTRY?                          |
| Housewife 3. FATHER'S NAME   | 14   | MOTHER'S MAIDEN NAM                    |                                 | USH                                    |
| Peter Com  | 11.  | n                                      | 1 1 1                           |  |
| veret compac   | 4.   | Mary 1                                 | Caherty                         |  |
| S. Was Deceased Ever in U. S. Armed Ferces?<br>Yes, ne er unknown) (If yes, give war at dates of service)      | 1 6. SOCIAL<br>SECURITY NO.                                      | INFORMANT                              |                                 | ADDRESS                                |
| No 2   | 20-48-3964 M   | br. Henry L.                           | Echola                          | (Same)                                 |
| 18.  | CAUSE OF I   | DEATH                                  |                                 | INTERVAL BETWEEN                       |
| DISEASE OR CONDITION DIRECTLY  |  |  |                                 | ONSET AND DEATH                        |
| LEADING TO DEATH   | (A) CER  | EBRAL CORTICI                          | AL ATROPAY                      | Conference                             |
| (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,               | DUE TO   |  |                                 | ************************************** |
| injury ar camplication which caused death.)  |  |  |                                 |  |
| ANTECEDENT CAUSES  | (B)  | 2000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |                                 |  |
| DISEASES OR CONDITIONS, if any, giving   |  |  |                                 | 10000                                  |
| nise to the above cause (A) stating the UNDERLYING CONDITION last.   | (C)  |  | *****************************   |  |
|  |  |  |                                 |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  | 3  |  |                                 |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | £  |  |                                 | September 1999                         |
| 198. CONDITION FOR WAS PERFORMED   | VHICH OPERATION  | 20 A. AUTOPSY? (Yes er Ne)             | 20B. IF YES, WERE F             | INDINGS CONSIDERED                     |
| E O WAS TERFORMED  |  | 100                                    | IN CERTIFIEND CAU               | ISES OF DEATH!                         |
| OP CONTRIBUTING CAUSE OF   | PLACE OF INJURY (e.g., in er<br>e, larm, fectory, street, effice | ebout 21 C. WHERE DID                  | (If in Beltimere                | City, give exact lecetion)             |
| DEATH (netify medical exeminer)  |  |  |                                 |  |
| O 21 D. TIME (Month) (Dey) (Year) (Heur) 21 E.   | INJURY OCCURRED  | 21 F. HOW DID INJU                     | IRY OCCUR?                      |  |
| ₹ (APPROV)   | le At Net While  |  |                                 |  |
| Wed  |  |  | 17 100                          | Cm. 8 2-17 16 1 5                      |
| 22. I certify that (I) (this hospital) attended th   |  |  |                                 | BMBER (0 1967                          |
| that (I) (we) last saw the deceased alive an   |  |  | t in (my) ((aur)) apln          | iran death occurred on the da          |
| and hour and from the causes stated abave. (1)   | ) (We) (dld) (did nat) view                                      | w the bady after death.                |                                 |  |
| 23 TSION ATURE   |  |  |                                 | 23B. DATE SIGNED                       |
| Daysunt Mande  | M.D. Attendi   | ng Med.                                | Steff<br>Phys.                  | 9/10/67.                               |
| 23C. PHYSICIAN'S<br>NAME (Type)  | 23 0   |  |                                 | 301 SY-PAUL PLACE                      |
| RAYANII L. MANIA   | 10 M.D.  | BALTIAGO                               | E MARUIA                        | HM 21803                               |
| 44A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify)   | ME of CEMETERY of CREM   | ATORY 24D. LO                          | CATION (City                    | y, town, ar county) (State)            |
| REMOVAL (Specify)  | C. 11. 1. 1  | Canada a sui la                        | 3-1+:                           | MI                                     |
| DUNIOL 1/13/0/. VEL  | r ( athearal (   | 2SC. FUNERAL DIRECTOR                  | Baltimore,                      | ADDRESS                                |
|  | 10 0 NAB- 1  |  | . L O Q.                        | lto.Md.21214                           |
| OFD 11 10 1 1 1 1 1  | L. A CONTRACTOR WALL   | ennand . Ru                            | ick, ync. Do                    | UCO 1/1100 2/2/4                       |



|   | of death<br>Deceased<br>e on the   | 1. NAME OF DECEASED  (Type or Print)  JOHN DEGRUCHY HINE  | 2. DATE AND HOUR OF DEATH                                       |  |  |  |
|---|--|---|---|--|--|--|
|   | S S S S S S S S S S S S S S S S S S S  | 3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street oddress or location)                             | A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY MARYLAND C. CHARTOMORE D. STREET ADDRESS (If rural, give location) |  |  |  |
|   | E 3+ L/  | 33THE JOHNS HOPKINS HOSPITAL  |   |  |  |  |
|   | ontributing ermined ca regular at eased prior is made, is | 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WINDARD DIVERGED (Specify)   | B. DATE OF BIRTH  11-7-91  9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.   Manths Days   Hours   Min.  |  |  |  |
|   | or c<br>indet<br>s in<br>dec<br>ition  | 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRED done during most of working life, even if retired)  Manager (Ret) Hecht Co. | 11. BIRTHPLACE (State or foreign country)  Canary  Jersey Island, Islands  14. MOTHER'S MAIDEN NAME  11. BIRTHPLACE (State or foreign country)  Canary  USA                 |  |  |  |
| 5   | direct<br>direct<br>d; (4) U<br>th wa<br>on the<br>dispos  | JOHN B. HINE  | JANE DEGRUCHY   |  |  |  |
| RTA   | sista<br>the<br>kinc<br>dea<br>dea<br>inal   | (Yes, no or unknown) (If yes, give wor or doles of service)  SECURITY NO.  213 109527   | Mrs. Marguerite Marie Hine- Same  |  |  |  |
| IMPORTANT   | Also, if e of any nounced attendar med or f  | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)  | monacy embolies interval between onset and death  |  |  |  |
| DIRECTOR: lical examiner of examiner of examiner. ns; (3) A fracture of examiner. | ner.<br>actur<br>pror<br>ular<br>mbal  | heart failure, asthenia, etc. It means the disease,   | sulmonale   |  |  |  |
|   | - 00 E : S   | DUE TO  | enic obstructive lung desease   |  |  |  |
|   | medical<br>berns;<br>thysicia<br>in was  | 11  |   |  |  |  |
| UNERAL  | chief y a m Body the p the p ysicio  | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?   |  |  |  |
| <u></u>   | hospital by the hospital by lature; (2) atture; (6) No phen ined beforement  | OR CONTRIBUTING CAUSE OF home, larm, factory, street, etc.)   | in at about 21 C. WHERE DID (If in Boltimore City, give exact lacation) affice bldg., INJURY OCCUR?   |  |  |  |
|   | > = 9 0 0 4  | (APPROX.) While At Not Wh   |   |  |  |  |
|   | of an of an (e. h); a  | that (I) (we) last saw the deceased alive an 9-10-67  | 9-6-67  19 to 9-10-67  19 and that in(my) (aur) apinian death accurred an the date  |  |  |  |
|   | must be a released to accident of a hospital r to death)   | 23A. SIGNAPURE School Desglee M.D. A.   | tending Med. Stoff Phys. 23B. DATE SIGNED.  23B. DATE SIGNED.  9/10/67  |  |  |  |
|   | was was A. at prio   |   | THE JOHNS HOPKINS HOSPITAL  |  |  |  |
|   | This certif<br>the body<br>shows: (1)<br>was D.O.A<br>deceased<br>written as   | D : . 7   | ional Cem. Baltimore, Maryland  |  |  |  |
|   | This the k show was dece   | SEP 11 1967, O. R. & E. J. O. C. M. VS 150-REV. 1/1/65  | Leonard J. Ruck Inc. 5305 Harford R   |  |  |  |

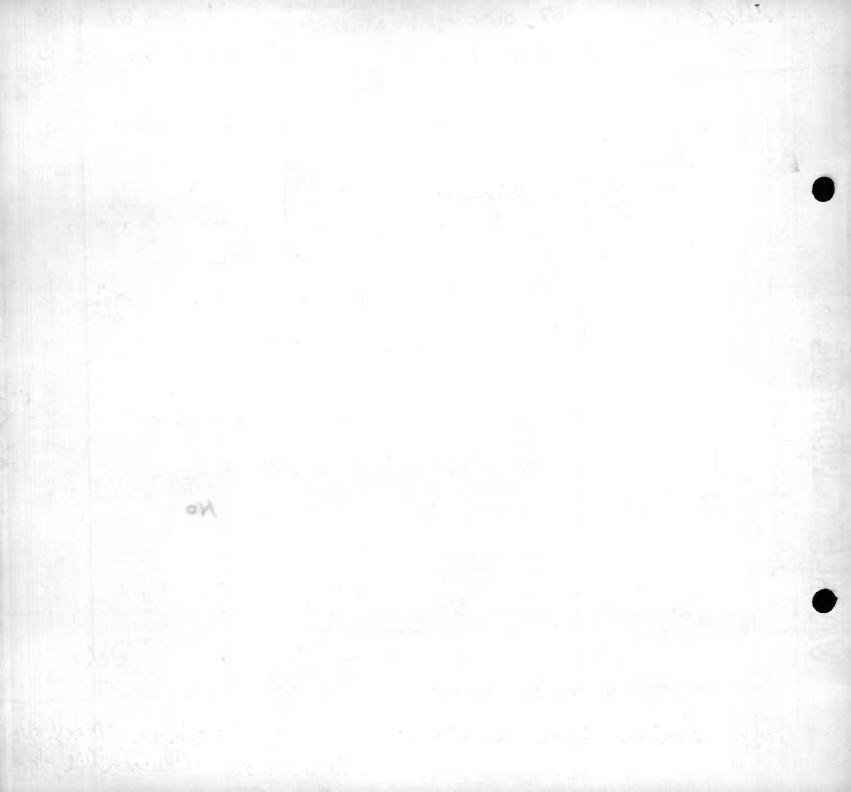
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## 67 8681 BALTIMORE CITY HEALTH DEPARTMENT

| BIRTH NO. MEDICA   | L EXAMINER'S C               | ERTIFICATE OF L  | EATH Register            | red Na. D. I OUDI                |  |
|--|------------------------------|--|--------------------------|----------------------------------|--|
| M.E. CASE NO.  |                              |  |                          |                                  |  |
| 1. NAME OF DECEASED<br>(Typo or Print)   |                              | 2. DATE AND HOUR PRONOUNCED DEAD   |                          |                                  |  |
| EVELYN T. SOMERS   |                              | Sept   | ember 10, 1              | 1967   12:30 am.                 |  |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE P   | INSTITUTION, GIVE STREET     | A. USUAL RESIDENCE (Where deceased lived. If institution: residence bolore admission)  B. COUNT Howard  Maryland |                          |                                  |  |
| HOSPITAL OR ADDRESS OR LOCATION)   | INSTITUTION, GIVE STREET     | C. CITY OR TOWN (If outside  | - 40 1                   | RURAL and give township)         |  |
| HOSt. Agnes Hospital   |                              | Ellicott City  D. STREET ADDRESS (If turol, give locotion)   |                          |                                  |  |
|  | ARRIED, NEVER MARRIED        | B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr, If Under 24 Hrs, lost birthday)  Months, Doys   Hours   Min. |                          |                                  |  |
| Female White   | WED, DIVORCED (specify)      | August 8,1926  | X10 41                   | Months, Doys   Hours   Min.      |  |
| to A. USUAL OCCUPATION (Give kind of work 10 B. Kildone during most of working life, even if retired)                                | IND OF BUSINESS OR INDUSTR   | n  | country)                 | 12. CITIZEN OF WHAT COUNTRY?     |  |
| 13. FATHER'S NAME  |                              | 14. MOTHER'S MAIDEN NAME   |                          | USA                              |  |
| Nicholas Z.  | Trivelis                     | Mary Jones   |                          |                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORC<br>(Yes, no or unknown) lif yos, give wer or dotes of se                                    |                              | 17. INFORMANT  |                          | ADDRESS                          |  |
| No   | Unk.                         | Mr. John A. So   | omers                    | (Same)                           |  |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This doos not meon the mode of dying, hoort foilure, osthenio, etc. It moons the di | (A) M                        | of DEATH   | injuries                 | INTERVAL BETWEEN ONSET AND DEATH |  |
| injury or complication which coused death.)  | 300367                       |  |                          |                                  |  |
| ANTECEDENT · CAUSES  DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.               | VING DUE TO                  |  |                          |                                  |  |
| Z  | (C)                          |  |                          |                                  |  |
| OF THE SIGNIFICANT CONDITIONS CONTINUED TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING ITS CONDITION WAS PERFORME         | RIBUTING<br>TO THE           |  |                          |                                  |  |
| 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME   | NO                           | N CERTIFYING CAUS  |                          |                                  |  |
| ₹ 21A, EXTERNAL CAUSE WAS  | home, form, foctory, stroot, | in or obout 21C. WHERE DID (I office bldg., INJURY OCCUR?  | f in Boltimore City, giv | ve exect (ocotion)               |  |
| UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year) (Ho   | Street                       | Rt. 29 8   | Rt. 40                   | 53-00                            |  |
| OF INJURY (APPROX.) 9 2 67 2:15  | ger in auto-auto             |  |                          |                                  |  |
| 22. I certify that I held an Inquiry   |                              |  | basis, death in m        | collision                        |  |
| resulted fram: Natural causes  | Accident X Suicid            | le Hamicide U  | ndetermined manne        |                                  |  |
| ACTUAL DAY-  | when                         | CHIEF MEDICAL EX   |                          | DATE SIGNED                      |  |
| EXAMINER'S NAME (Type) Russel  | .1 S. Fisher, M.D            | ASSOCIATE MEDICAL EX   | p-10-10                  | September 10, 19                 |  |
| 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)   | 23C. NAME OF CEMETERY        |  | CATION (City,            | town, or county) (Stote)         |  |
| Burial 9/12/67   | 7. Greek Ortho               |  | Baltimor                 |                                  |  |
|  | NAME OF REGISTRAR            | 24C. FUNERAL DIRECTOR  | uch anc R                | alto.Md.21214                    |  |
| OLI A 1 1001   |                              | Leonala J. M   | المارو المارو المارو     | 000001110021214                  |  |

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BALTIMORE CITY HEALTH DEPARTMENT



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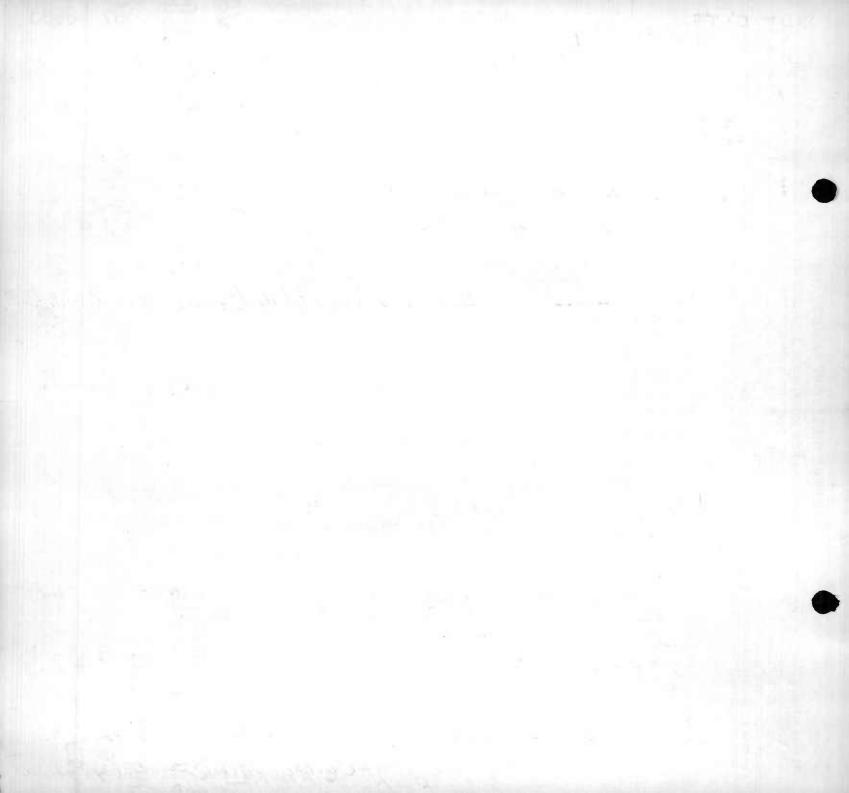
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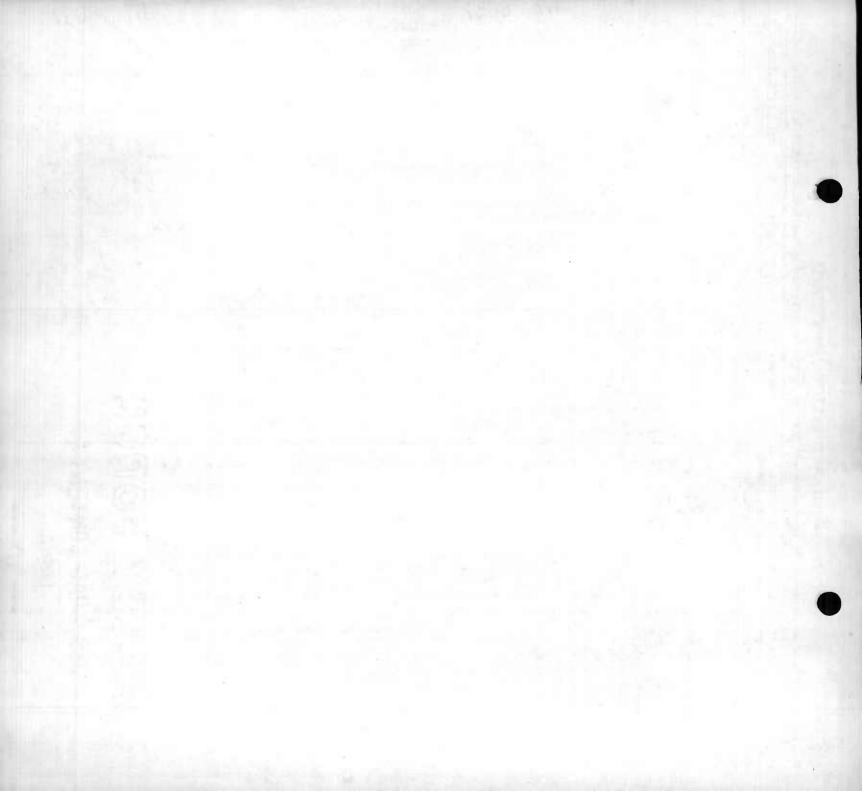
| 1-  | -106  | 67 8686 CEDITIE OF DEATH Registered No. 67 8686  | )         |
|---|---|--|-----------|
| 7   | + 5 5 4   | E. CASE NO.  |           |
|   | of dea<br>Deceas<br>e on t                            | PLACE OF DEATH IN BALTIMORE, MARYLAND  2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmis B. COUNTY  | M.        |
|   | caus<br>caus<br>enda<br>to d                          | FULL NAME OF (If not in hospital or institution, give street address or facation)  (If not in hospital or institution, give street address or facation)  (If ourside city limits, write RURAL and give township)   | 0.        |
|   | ed car<br>ar att<br>prior<br>de.                      | House in the Pines (Belvedene) D. STREET ADDRESS (If rurol, give location)  3737 F/M Avenue  SEX (6. RACE T. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr., If Under 24)   | и         |
| D   | ontrib<br>ermin<br>regul<br>eased<br>is ma            | WIDOWED DIVORCED (specify)  WIDOWED DIVORCED (specify)  WIDOWED DIVORCED (specify)  WIDOWED DIVORCED (specify)  Wind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country)  12, CITIZEN OF   | in.       |
|   | direct or c<br>; (4) Undet<br>th was in<br>on the dec | FATHER'S NAME  WHAT COUNTRY?  WHAT COUNTRY?  WHAT COUNTRY?  WHAT COUNTRY?  A MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  |           |
|   | -040-   | Wos Deceased Ever in U. S. Winned Forces?  Spe of anknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  | 1         |
| PORT  | if the any kin ced decondance or fina                 | 18. 3 3   X   CAUSE OF DEATH   INTERVAL BETWEEN ONSET AND DEATH  |           |
| AL<br>ned   | r. Also<br>ure of<br>conoun                           | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,   | 8         |
|   | examiner (3) A fract n who pr in regula s are emb     | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  (A) Cerubic Vasc Adecider 1 death of the Cerubic Vasc Insufficient 2 years of the Underlying Condition which coused death.)  Cerubic Vasc Adecider 1 death of the Underlying Cerubic Vasc Insufficient 2 years of the Underlying Condition lost.   | la<br>1ea |
|   | medical<br>burns;<br>physicia<br>an was               | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |           |
| JNER  | Body<br>the<br>ysici                                  | 19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?   |           |
| I   | ital by<br>e; (2)<br>/here<br>No ph<br>befor          | 2TA. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF Community Control of Co |           |
| pproved by the hosp any nature (except w. and (6) | _ 11 0 0  | 27D. TIME (Month) (Ooy) (Year) (Hour)   21E, INJURY OCCURRED   21F. HOW DID INJURY OCCUR?   While AI Wark   Not While   Not Wark   Not While   |           |
|   | of o              | that (1) (we) last saw the deceased alive an 9 6 and that in(my) (aur) apinion death accurred on the   | date      |
|   | dent<br>dent<br>nospit<br>deat                        | and have and from the causes stated abave. (1) (We) (did) (did not) view the body after death.  23A. AIGNATURE  23B. DATE SIGNED Phys.  Phys.  Phys.  Phys.  | 7         |
| (   | was rel<br>A at a prior to                            | 23t. PARSICIANS NAME (Type) Floriand Ivalleusten M.O. 848 W 36 Th XT. Balto:   | m         |
|   |   | A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY of CREMATORY 240. LOCATION (City, town, or county) (Store of Company) (Sto | le)       |
|   | the Ishow was dece                                    | SEP 11 1967 Roser Enterland Throne Cynevel /kme 3631 Falls   | 12        |

Thomas Wilebb 2000 Color 1873 94

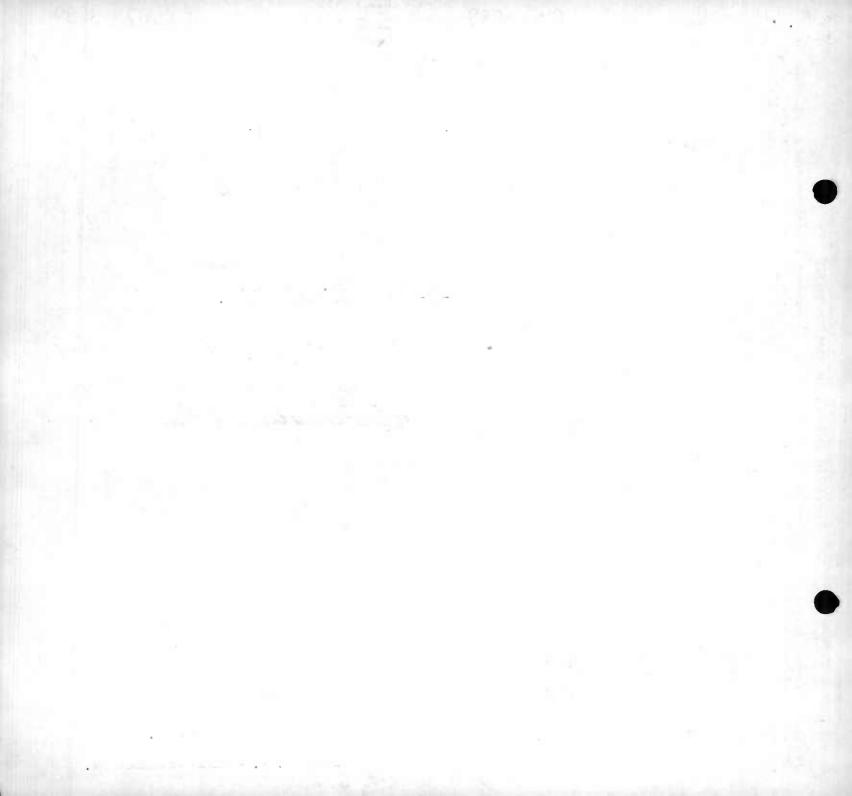
Thomas Who bb 2000 Color Marginia 2000 Color Color

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Except Spatial Comment

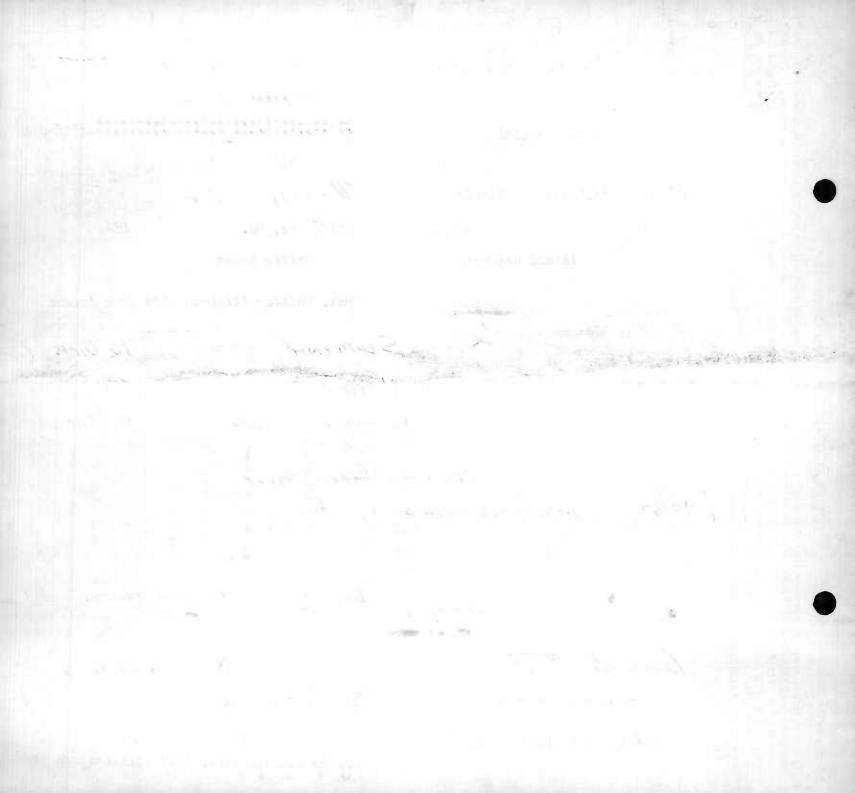


|   |  | 67  | 8688   | BALTIMORE CITY HEAL  | TH DEPARTMEN  | т  | 67 8688  |  |
|---|--|---|--|--|---|--|--|--|
| BIR   | TH NO.                                   |   |  |  |   | E OF DEATH Register  | ered Na.   |  |
| M.  | E CASE NO.                               |   |  |  |   |  |  |  |
| I.<br>(Ty   | Pe or Print)                             |   | RABELTE  | LEISTER  |   | 2. DATE AND HOUR PRONOUNCE<br>September 7, 1967                                    |  |  |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD                            |  |   |  | INCED DEAD   | A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE  B. COUNTY Common 1 |  |  |  |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) |  |   |  | THON, GIVE STREET  | C. CITY OR TOW  | ryland /N (If outside corporate limits, write  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | e RURAL and give township)   |  |
| Maryland General Hospital   |  |   |  | ital   | D. STREET ADDRESS (If rurol, give locotion)   |  |  |  |
| 5. 9  | Female                                   | White   | WIDOWED, I   | NEVER MARRIED<br>DIVORCED (specify)                                  | B. DATE OF BIRTH  | 9. AGE (In years lost birthdoy)  | If Under 1 Yr. If Under 24 Hrs.<br>Months, Doys, Hours, Min.   |  |
| IOA   | USUAL OCCU                               |   | Wido   | WEG<br>BUSINESS OR INDUSTRY  | Apr. 16,  |  | 12. CITIZEN OF WHAT COUNTRY?   |  |
|   | Housew                                   | ife   | Own ho   | me   | Maryland  |  | U.S.A.   |  |
|   |  | m Arnold  |  |  |   | ie Slonaker  |  |  |
|   | WAS DECEASED                             | EVER IN U.S. ARMEI  |  | 16. SOCIAL   | 17. INFORMANT   | re Stollavet   | ADDRESS  |  |
| _   | i, no orunknown)<br>To                   | IIf yes, give wor or dot  | es of service)   | 220-44-9861  | Mrs. Emma   | a Wildasin, Taneyt   | own. Marvland  |  |
| _   | 1B C. C                                  | 3 7   |  |  | OF DEATH  | ,  | INTERVAL BETWEEN   |  |
|   | 上 78                                     | NI.   |  | Pne  | umonia com  | plicating fracture   | es of ONSET AND DEATH  |  |
|   | DISEASI                                  | CE OR CONDITION DIRECTLY  |  |  | nt femur and right humerus  |  |  |  |
|   | neon foilure,                            | ot meon the mode of osthenio, etc. It meon plication which caused             | s the discose,   | DUE TO   | *****************   |  | ***************************************  |  |
|   |  | NTECEDENT CAUSE   |  |  |   | - 7 m  |  |  |
|   | DISEASES O                               | R CONDITIONS, IF A  | ANY, GIVING  | DUE TO   | *********   | ***************************************  |  |  |
| z   | UNDERLYIN                                | G CONDITION LAST.   |  | (C)  | ******************************  |  |  |  |
| ERTIFICATION  | TO THE D                                 | II  IFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING                     | LATED TO T   |  |   |  |  |  |
| CERT  | 19A, DATE OF                             | WAS PE  | REFORMED OF  | femur  | 20A. AUTOPSY?   | (Yes or No) 208. IF YES, WERE FI   |  |  |
| MEDICAL   | 21 A. EXTERNAL<br>UNDERLYING DUTING CAUS | OR CONTRIB-   | 21 B.<br>home<br>etc.)   | PLACE OF INJURY (e.g., i<br>form, foctory, street, o<br>Nursing home | in or about 21C. W  |  | anor Nursing Home,   |  |
| ME  | 21 D TIME                                | (Month) (Doy) (Yes  |  | IE. INJURY OCCURRED  | 215 HO  | Middleburg, I  | Md.  |  |
|   | OF INJURY<br>(APPROX.)                   | 8-16-67   |  | WHILE AT I NOT   | WHILE TO L  | w DD INJURY OCCUR? Knocl   | ked off chair  |  |
|   | 22.<br>I certi                           | 1   |  |  |   |  |  |  |
|   | result                                   | resulted from: Notural causes Accident Suicide Homicide X Undetermined monner |  |  |   |  |  |  |
|   | ACTUAL                                   |   |  |  |   |  |  |  |
|   | SIGNATU<br>EXAMINE<br>NAME (T            | ER'S Charle   | s S. Sp  |  |   |  | September 8, 1967  |  |
|   | BURIAL CREM                              | AATION, 238. DATE   | 230  | C. NAME of CEMETERY o  | CREMATORY   | 23D. LOCATION (City  | , town, or county) (Stole)   |  |
|   | Burial                                   |   | 10,1967  | Lutheran Cem   | etery   |  | yland  |  |
|   |  | SEP 1 1 1967  | THE PARTY OF THE P | F2 Zalani  | C.O.Fu  | hn H. Skiles   | neytown, Maryland  |  |
| VS  | 151-REV 1/1/6                            | 51  | 10 li  | 1. 1   | 0 0   |  | of source of the state of the s |  |



IMPORTANT DIRECTOR: FUNERAL

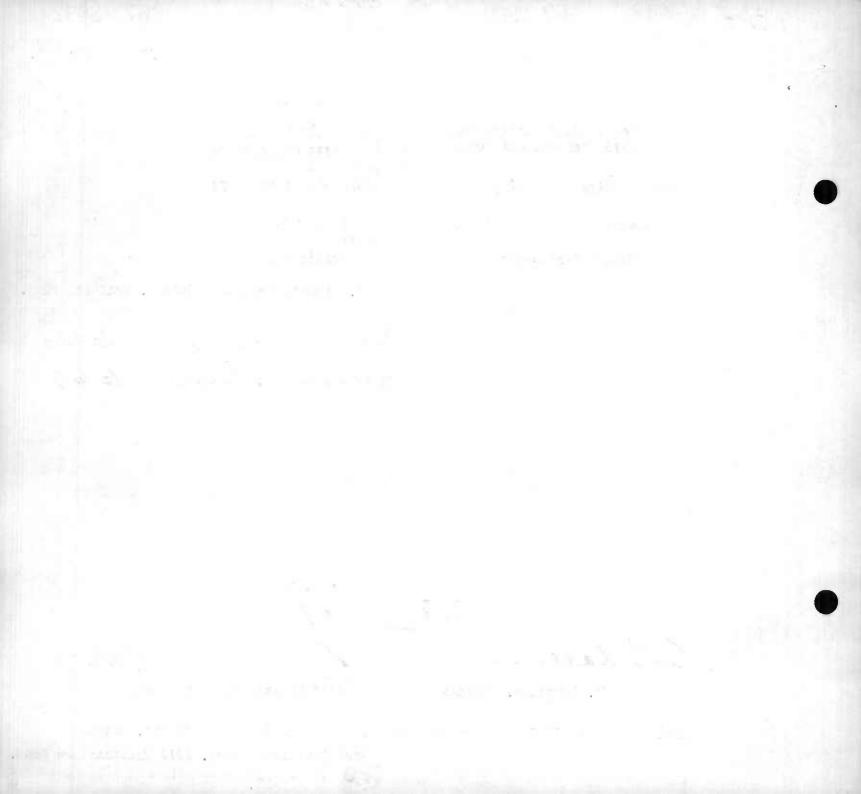
USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) C. CITY OR TOWN (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Mrs. Shirley Flinkman 5503 Nome Avenue INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) ( apinlan death occurred an the date 238, DATE SIGNED Baltimare, Maryland Sol bevinson & Bros. 6010 Reisterstown Road



IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH SEPTEMBER 9, 1967 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY Maryland (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give location) 3736 Clarinth Road B. DATE OF BIRTH 9. AGE (In years tf Under 1 Yr. If Under 24 Hrs. lost birthday Months Doys November 1892 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Lithuania 14. MOTHER'S MAIDEN NAME Bessie Stern 17. INFORMANT 3503 W. Northern Pkwy. Mr. Isadore Goodman CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 21B. PLACE OF tNJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? Not While and that in(my) (aur) apinian deoth accurred an the date and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death, 23 B. DATE SIGNED Attending 23D. ADDRESS 4300 Liberty Heights Avenue 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Progressive Sick Benefit & Relief Baltimore, Marylad 25C. FUNERAL DIRECTOR Bros. 6010 Reisterstown Road.



Louden Park Crematory

23D. LOCATION

24C. FUNERAL DIRECTOR

Balto. Hebrew Cemetery 2100 Belair Rd. Baltimore, Maryland

(State)

(City, town, ar county)

Sol Levinson & Bros. 6010 Reisterstown Road

23A. BURIAL CREMATION. 23B. DATE REMOVAL ISPGREMATION 9/9/

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

9/9/1967

248 NAME OF REGISTRAR

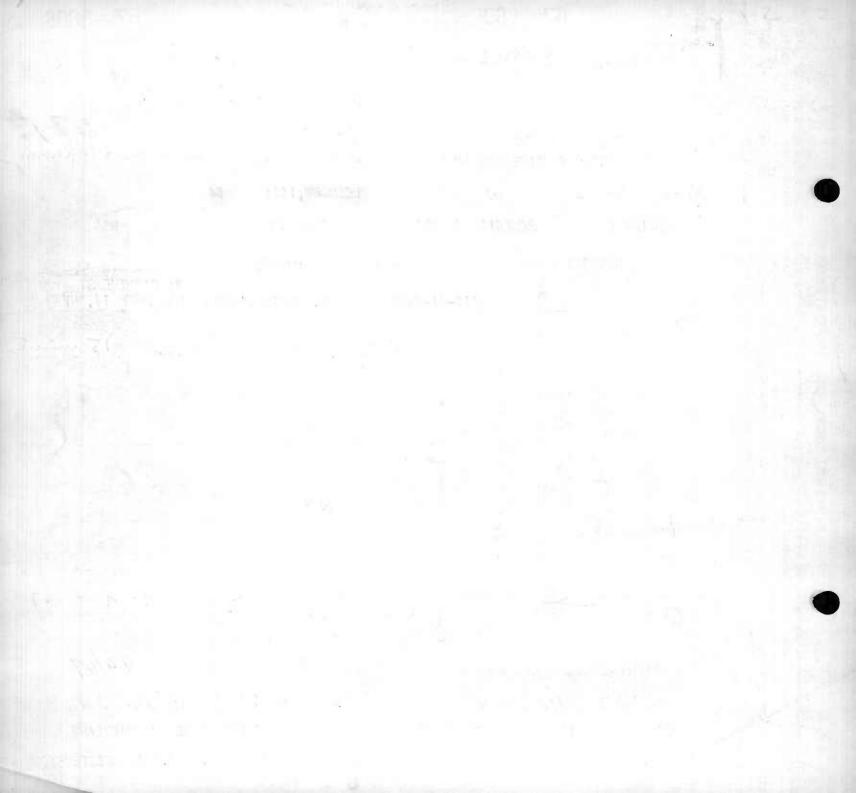
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Ht. Jateck Sexutiteds 11dt 15g alling

Baltin, Rebreic Covered to 1771 Infacts Dis. Sattleanny Inc

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IMPORTAN

DIRECTOR:

FUNERAL

194 4/2 CD TO 4/2 A/2

Fisher, M.D.

24B, NAME OF REGISTRAR

23C. NAME of CEMETERY or CREMATORY

emetery Beautiful

M.D. ASSISTANT MEDICAL EXAMINER

4C. FONERAL DIRECTOR

Lee A.

ASSOCIATE MEDICAL EXAMINER

23D. LOCATION

Houston, lexas

Patterson & Son, Perryville, Md.

September 6, 1967

ADDRESS

(City, town, or county)

ACTUAL

23A. BHRIAL CREMATION,

Burial

VS 151-REV. 1/1/65

SIGNATURE

EXAMINER'S NAME (Type)

24A. DATE REC'D BY HEALTH DEPT.

Russell

Sept. 8, 196

23B. DATE



F-655 BIRTH NO.

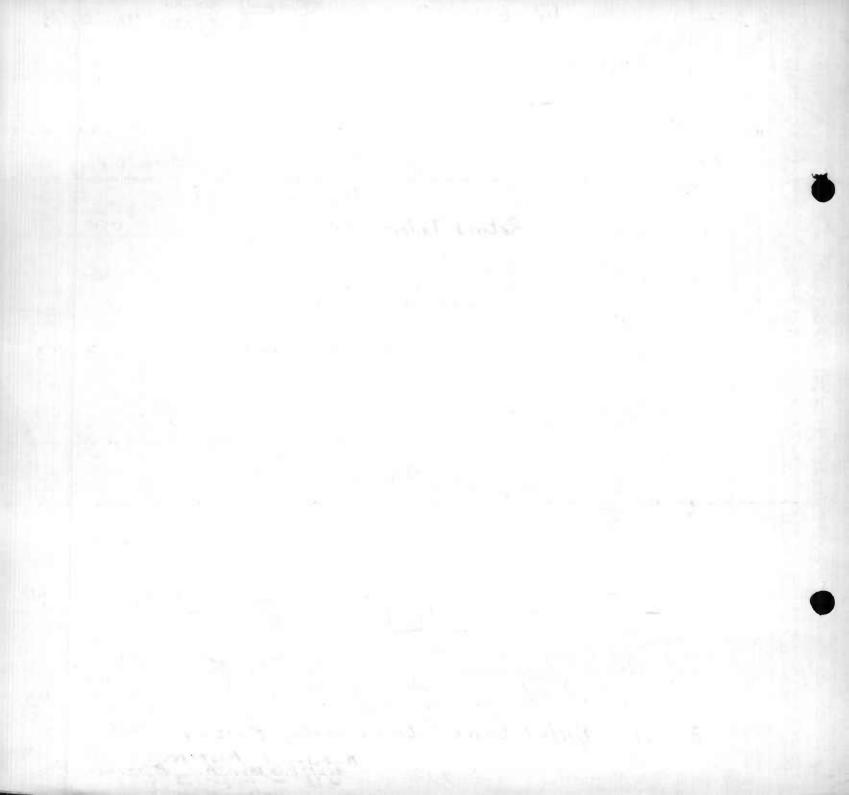
## MEDICAL EXAMI

| NER'S CERTIFICA | TE OF DEATH Registered No.67     | 8701 |
|-----------------|----------------------------------|------|
|                 | 2. DATE AND HOUR PRONOUNCED DEAD |      |

| M.E. CASE N                             | 0.   |   |   |   | / 1  |  |
|---|--|---|---|---|--|--|
| 1. NAME OF                              | DECEASED   |   |   | 2. DATE AND HOUR PRONO                      | UNCED DEAD                                 |  |
| trype of time                           | ROBERT FREEM   | fAN   | September 6 1967   1:50 a M.  4. USUAL RESIDENCE (Where deceased lived, it institution: residence before admission) |   |  |  |
| 3. PLACE IN                             | BALTIMORE, MARYLAND, W   | HERE PRONOUNCED DEAD  | A. SIAIE  | В.  | f institution: residence befare admission) |  |
| FULL NAME<br>HOSPITAL OR<br>INSTITUTION | OF (IF NOT )N HOSPITA  | AL OR )NST)TUTION, GIVE STREET<br>ATION)                        | C. CITY OR TO   |   | write RURAL and give tawnship)             |  |
| Chur                                    | ch Home Hospita  | 1 D.O.A.  |   | RESS (If rural, give location)              | 7-07                                       |  |
| 5. SEX                                  | 6. RACE  | 7. MARRIED, NEVER MARRIED                                       | B. DATE OF BIRT   | Maple Ave                                   | eors   If Under 1 Yr. If Under 24 Hrs.     |  |
| Mal.                                    | 0-11   | Never Married   | Feb.  | 11. 1946   10st birthdays                   |  |  |
| dode during mip:                        | CCUPATION (Give kind of works of working life, even if retired)          |   |   |   | 12. CITIZEN OF WHAT COUNTRY?               |  |
|   | it of working life, even if retired)                                     | Soldier   | New Orles   |   | USA  |  |
| 13. FATHER'S                            |  |   | 14. MOTHER'S M  | AIDEN NAME                                  |  |  |
| Re                                      | bert E. Freeman  | n In  | Gwendo.   | lyn Hardy                                   |  |  |
| 15. WAS DECI                            | ASED EVER IN U.S. ARMED  | o FORCES? 16. SOCIAL<br>es of service) SECURITY NO.             | 17. INFORMANT   | 0   | ADDRESS                                    |  |
| Yes                                     | Nov. 22, 66-   | 1967 562-62-2200  | Army Red  | randa                                       |  |  |
| 18.                                     | C 1 G 11   |   | OF DEATH  | 2074273                                     | INTERVAL BETWEEN                           |  |
| 1                                       | 8/7/1  |   |   |   | ONSET AND DEATH                            |  |
| DI                                      | SEASE OR CONDITION DI<br>LEADING TO DEATH                                | RECTLY  |   | 1 1 1 1                                     |  |  |
| (This do                                | ses not mean the made of   | dying, e.g., (A)  | inlocerebr  | al injuries                                 |  |  |
| injury a                                | ilure, asthenia, etc. It means<br>r camplication which caused            | deoth.)   |   |   |  |  |
|   | ANTECEDENT CAUSE   | e   |   |   |  |  |
| DISEAS                                  | ANTECEDENT CAUSE<br>SES OR CONDITIONS, IF A                              | (B)   |   | ***************************************     |  |  |
| RISE TO                                 | THE ABOVE CAUSE (A) S  | TATING THE  |   |   |  |  |
|   | LYING CONDITION LAST.  | (C)   |   |   |  |  |
| 2                                       | - 11   |   |   |   |  |  |
| O TO TI                                 | SIGNIFICANT CONDITIONS<br>HE DEATH BUT NOT RE<br>SE OR CONDITION CAUSING | LATED TO THE  |   |   |  |  |
| 19A. DAT                                |  | IDITION FOR WHICH OPERATION                                     | 20A. AUTOPSY  | ? (Yes or No) 20B, IF YES, WE IN CERTIFYING | RE FINDINGS CONSIDERED CAUSES OF DEATH?    |  |
| O UNDERLY                               | RNAL CAUSE WAS<br>NGAOR CONTRIB-<br>CAUSE OF DEATH.                      | 21B. PLACE OF INJURY (e.g., home, farm, factory, street, cetc.) |   | WHERE DID (If in Boltimare Ci<br>Y OCCUR?   | ty, give exoct locotion)                   |  |
| 21D TIME                                | Υ  |   | 21 F. H   | leans st. near Boow old injury occur?       |  |  |
| (APPROX.)                               | 9 6 67 1   | :30 a m. WH)LE AT NOT AT W                                      | ORK X   | Subject was pass                            | enger in auto into                         |  |
| 22.                                     | certify that I held an I   | nquiry Inspection X Aut   | apsy an   | d that an this basis, death                 | in my apinlan fixed object                 |  |
|   | esulted fram: Natural ca   |   | F   |   |  |  |
|   |  | 7   |   | EDICAL EXAMINER X                           |  |  |
| ACT                                     | UAL 11   | Willer "  |   |   | DATE SIGNED                                |  |
|   | NATURE   | M.D.  |   | EDICAL EXAMINER                             |  |  |
|   | MINER'S<br>IE (Type) Russ  | 11 0 Ti-b 11 D  | ASSOCIATE N   | EDICAL EXAMINER                             | September 6, 1967                          |  |
|   |  | Sell S. Fisher, M.D.  | CREMATORY   | 23D. LOCATION                               | (City, tawn, or county) (State)            |  |
| REMOKAL                                 | Mark Cant &  | 10/7  | 1-  | 0 11  | 1.0  |  |
| Durio                                   | I Sept. 8,   |   |   | 1000  | alifornia.                                 |  |
| 24A. DATE RE                            | C'D BY HEALTH DEPT.  | 24B. NAME OF REGISTRAR  | 24C. JUNER  | AL DIRECTOR                                 | ADDRESS                                    |  |
|   | SEP 12 1967  | Robert E. Jaskeyna  | Lee A   | Patterson & So                              | n, Perryville, Md.                         |  |
| VS 151-REV.                             | 1/1/65 5 6   | 1 0 1 0 0   | 0 /   | £   |  |  |

AT WE SHE WAS THE Additional and described 

| 6  | 7 RODO BALTIMORE CI                  | TY HEALTH DEPARTMENT                  |   | 67 8702  |
|--|--------------------------------------|---------------------------------------|---|--|
| BIRTH NO.  | 8702 CERTIFIC                        | ATE OF DEATH                          | Registered Na                           | 01 0705  |
| I, NAME OF DECEASED  |                                      | 2. DATE AND H                         | OUR OF DEATH                            | - 1  |
| (Type or Print) Peter Cb   | istauntas                            | 9-8                                   | 8-67                                    | 11 37 P.   |
| 3. PLACE OF DEATH IN BALTIMORE, M  | ARYLAND                              | 4. USUAL RESIDENCE (Where de          |   |  |
|  | the territory                        | ML.                                   |   |  |
| HOSPITAL OR oddress or locot   | of or institution, give street       |                                       | city limits, write RURA                 | AL and give township)                                |
| University   | y Hospital                           | Bultimore Ci-                         | tu                                      | 26-02  |
| 3 X  |                                      | D. STREET ADDRESS (If rurol,          | que locotion)                           |  |
| 00   |                                      | 4229 Nicho                            | las Ave.                                |  |
| 5. SEX 6. RACE   | 7. MARRIED, NEVER MARRIED            | B. DATE OF BIRTH 9. A                 |   | Under 1 Yr. If Under 24 Hr<br>onths: Doys Hours Min. |
| Male White   | Marriel (specify)                    | 1919 (199                             | birthdoy) M                             | onms Doys Hours Min.                                 |
| OA, USUAL OCCUPATION (Give kind of we  | ork 10 B. KIND OF BUSINESS OR INDUST | RY 11. BIRTHPLACE (State or foreign c | country) 1:                             | CITIZEN OF   |
| one during most of working life, even if retired                                     | D+ 1 T.1                             | C-                                    |   | WHAT COUNTRY?  |
| 3. FATHERS NAME  | Retired Tailor                       | 14. MOTHER'S MAIDEN NAME              |   | ASH  |
| 3. FAIRERS NAME  | 1                                    | 14. MOTHER'S MAIDEN NAME              |   |  |
|  | oonto s                              |                                       |   |  |
| 5. Was Deceased Ever in U. S. Armed F<br>Yes, no or unknown) (If yes, give war or do | orces? 16. SOCIAL SECURITY NO.       | 17. INFORMANT                         |   | ADDRESS  |
| No   | 217-09-441                           | o Hospital Chair                      | -                                       |  |
| 1B. 1 77 Y   | CAUSE                                | OF DEATH                              | •                                       | INTERVAL BETWEEN                                     |
| DISEASE OR CONDITION D   | DIRECTLY                             |                                       |   | ONSET AND DEATH                                      |
| LEADING TO DEAT  |                                      | remand of prosta                      | te will                                 | 3 urs.   |
| (This does not mean the mode   | ol dying, e.g., DUE TO               | metastach                             | . Washington                            |  |
| heart failure, asthenia, etc. It meor<br>injury or complication which cous           |                                      |                                       |   | 20 233   |
| ANTECEDENT CAUS  | ES (B)                               |                                       | > + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + | *********************************                    |
| DISEASES OR CONDITIONS, II   |                                      |                                       |   |  |
| rise to the above cause (A   |                                      |                                       |   |  |
| UNDERLYING CONDITION lost.   |                                      |                                       |   |  |
| OTHER SIGNIFICANT CONDITIONS   | CONTRIBUTING                         |                                       |   |  |
| E TO THE DEATH BUT NOT RE  | LATED TO THE                         | 4.0                                   |   |  |
| U 19A, DATE OF OPERATION 19B, CC   |                                      | [20 A. AUTOPSY? (Yes of No)] 20       | B. IF YES, WERE FIND                    | DINGS CONSIDERED                                     |
| O None WAS PI  | ERFORMED                             | No II                                 | CERTIFYING CAUSES                       | S OF DEATH?  |
| U 21A. ACCIDENT WAS UNDERLYING   | 21B, PLACE OF INJURY (e.g            | , in or obout 21 C. WHERE DID         | (If in Boltimore Cir                    | ly, give exoct locotion)                             |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)                             | etc.)                                | office bldg., INJURY OCCUR?           |   |  |
| Q 21 D. TIME (Month) (Day) (Yea  | Hour 21E INJURY OCCURRED             | 21F. HOW DID INJURY                   | OCCUP?                                  |  |
| OF INJURY  | While At Not W                       |                                       | OCCOR.                                  |  |
| (APPROX.)  | Work At We                           | ork 🗀                                 |   |  |
| 22. 1 certify that (this haspit  | al) attended the deceased fram       | 8 31 196                              | 57 10 9 8                               | 19.67  |
| that (1) (me) last saw the decea   | sed plive an 9 8                     | 19.67 and that is                     | n(my) (🗪 apinlar                        | death accurred an the d                              |
| and have and from the causes st  | rated abave. (1) (Wa) (did) (did)    | ) view the bady after death.          |   |  |
| 23A. SIGNATURE   | 5 , -                                |                                       | 231                                     | B. DATE SIGNED                                       |
| - My land Sty  | / / T M.D.                           | Attending Med. Stoff                  |   | 9/0/10   |
| 23 C. PHYSICIAN'S  | munger                               | 23D- ADDRESS                          | 5. (E.)                                 | 118/0/   |
| MAME (Type)  | Dansenger + M.                       | 1 1                                   | 7. 7.1                                  | D 14. 111x   |
| MICHAEL 4,   | KENIJEK OK 7                         | CONTOCKSITY MY                        | OSPILAL                                 | DALLO UND  |
| 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)                                   | 24C. NAME of CEMETERY OF             |                                       | TION (City/ f                           | Own, or county) (State)                              |
| Burial 9/11/   | 67 Greek Ortho                       | dox Cemetery Bo                       | Itimore,                                | 1419.  |
| 25A. DATE REC'D BY HEALTH DEPT.  | 25B. NAME OF REGISTRAR               | 25C. FUNERAL DIRECTOR                 | Matthews                                |  |
| API TO 1201  | Holyway - Judday Mills               | Micholas T.                           | n Ave R                                 | Itimore, Md.   |
| VS 150-PEV 1/1/65  | -11 7 5 7 17                         | Lasier                                | a livery and                            | I I I I I I I I I I I I I I I I I I I                |



Burial

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.

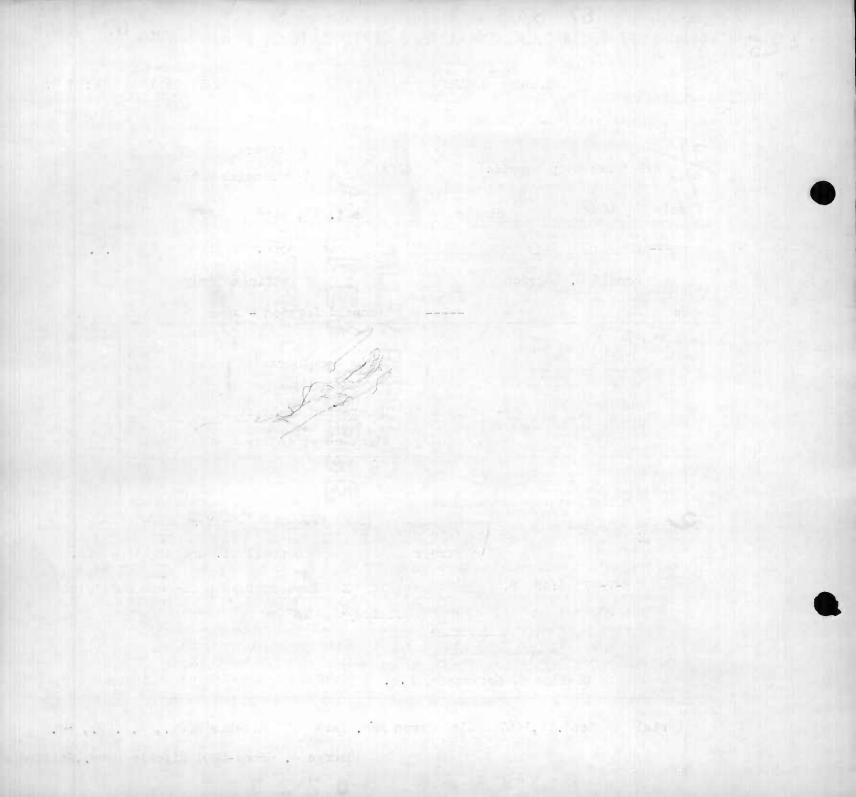
Sept.11,1967

Glen Haven Mem. Park

24C. FUNERAL DIRECTOR

Ritchie Hgwy., A.A.Co., Md.

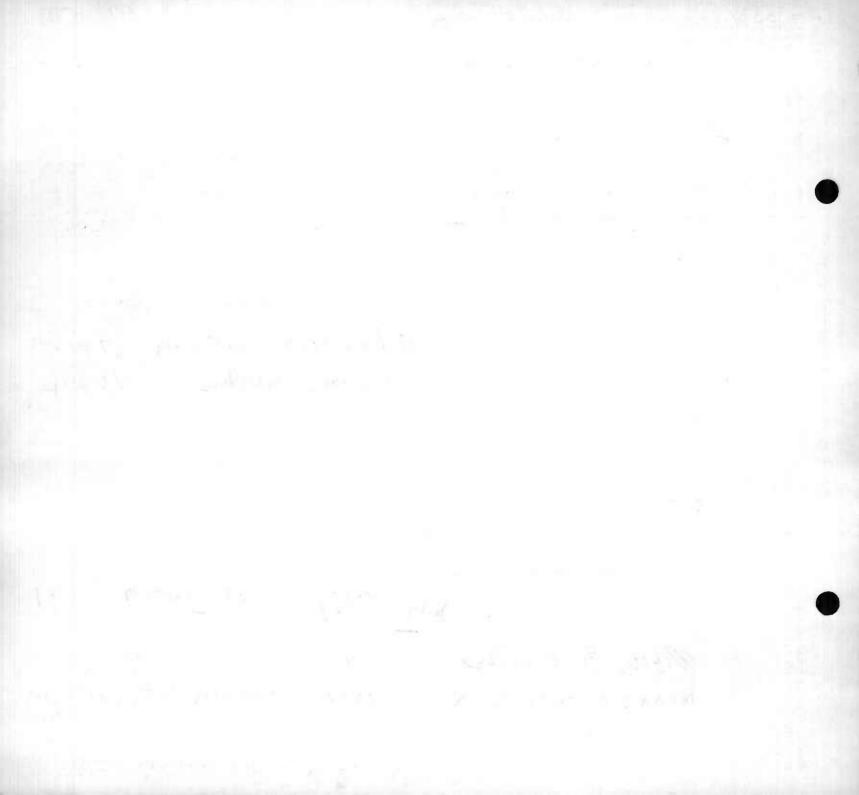
George J. Gonce-4001 Ritchie Hgwy., Baltimore



VS 150-REV, 1/1/65

Letter from Sinai Hospital 9-18-67 M.H.

| 67 87  | 113                                      | Y HEALTH DEPARTMENT            | Registered No                           | 67 8705   |
|--|--|--------------------------------|---|---|
| M.E. CASE NO.  | CERTIFICA                                | TE OF DEATH                    | Registered No.                          | 0100  |
| 1. NAME OF DECEASED (Type or Print)  |  |                                | D HOUR OF DEATH                         | 1:30  |
| JEANETTE B.  | GREENBER                                 | G 9/9                          | 1967                                    | I A   |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND   |  | A. STATE B. COUN               | e deceosed lived. If inst<br>TY         | itution: residence before admissi                     |
| FULL NAME OF (If not in hospital or institution,   | give street                              | MARYLAND                       |   |   |
| HOSPITAL OR oddress or location)   |  | C. CITY OR TOWN (If out        | side city limits, write RU              | IRAL and give township)                               |
| 1/20 11 -0   |  | BALTIMORE                      |   | 2/-/9   |
| FRSINAI HOSP   |  | D. STREET ADDRESS (If          | rural, give location)                   |   |
|  | 1  | 5707 HIG                       | HGATE D                                 | RIVE  |
| 5. SEX 6. RACE 7. MARRIED WIDOW  | D, NEVER MARRIED  ED, DIVORCED (specify) |                                | 9. AGE (In years lost birthday)         | If Under 1 Yr. If Under 24 I<br>Months Doys Hours Min |
| F W MA   | RRIED                                    | JULY 4. 1899                   | 68                                      |   |
| 10A, USUAL OCCUPATION (Give kind of work 10B, KIND of done during most of working life, even if retired) | F BUSINESS OR INDUSTRY                   | 11. BIRTHPLACE (State or forei | gn country)                             | 12. CITIZEN OF<br>WHAT COUNTRY?                       |
| HOUSEWIFE  |  | MARYLAN                        |   | USa   |
| 13. FATHER'S NAME  |  | 14. MOTHER'S MAIDEN NAM        |   | 0,0   |
| 1000   |  | ET                             |   |   |
| 15, Was Deceased Ever in U. S. Armed Forces?   | 1 6. SOCIAL                              | 17. INFORMANT                  |   | ADDRESS   |
| (Yes, no or unknown) (If yes, give wor or dates of service)  | SECURITY NO.                             | HALOKIALVIAI                   |   | WDDKE22   |
| NO   |  | MAX GREENBI                    | ERG                                     | SAME  |
| 18. 0 60 XI  | CAUSE                                    | F DEATH                        |   | INTERVAL BETWEEN ONSET AND DEATH                      |
| DISEASE OR CONDITION DIRECTLY  | (9.1                                     | land On Win                    | 11 +1                                   | H   |
| LEADING TO DEATH  (This does not meon the mode of dying, e.g.  | (A) Ur                                   | UMBELLENICO                    | Heary Orsean                            | 1 years   |
| heart failure, asthenia, etc. It means the disease   |  | Λ Λ                            | 1 1                                     |   |
| injury or complication which coused death.)  | w/                                       | rakeles mel                    | leter                                   | 10 years  |
| ANTECEDENT CAUSES  | DUE TO                                   |                                |   |   |
| DISEASES OR CONDITIONS, if any, giving lise to the above cause (A) stating the                           |  |                                |   |   |
| UNDERLYING CONDITION last.   | the same and the same as                 |                                | 7 a a a 7 a a a a a a a a a a a a a a a | 0000 <b>0</b> 000 0000 0000 0000 0000 0000 00         |
| _ 11   |  |                                |   |   |
| O THE DEATH BUT NOT RELATED TO T   | 1G<br>HE                                 |                                |   |   |
| DISEASE OR CONDITION CAUSING IT.   |  | 120 A                          | V 000 15 15                             |   |
| 198. CONDITION POR WAS PERFORMED   | WHICH OPERATION                          | 20A. AUTOPSY? (Yes or No       | IN CERTIFYING CAUS                      | NDINGS CONSIDERED<br>SES OF DEATH?                    |
| W  | R PLACE OF INTURY (                      | n or obout 21C. WHERE DID      | /If i= B-16                             | City, give exact location)                            |
| OR CONTRIBUTING CAUSE OF ho  | me, form, foctory, street, c             | iffice bldg., INJURY OCCUR?    | ut in Pollimore                         | Ony, give exect locobon?                              |
| U  |  |                                |   |   |
| ₩ OF INJURY  | E. INJURY OCCURRED                       | 21F. HOW DID INJ               | URY OCCUR?                              |   |
|  | hile At Not Whi                          | le                             |   |   |
| 22. I certify that (I) (this hospital) attended  | the deceased fram_                       | Sept.                          | 963 10 Sept                             | 6- 9 196 T  |
| that (1) (we) last saw the deceased alive on.  | N (1)                                    | 111                            |   | on death occurred on the                              |
| and hour and from the causes stated above.   | 1  | /                              | (), <del>(o</del> o.) opini             | o Seem occorred on the                                |
| 23A. SIGNATURE   | (1) (ma) (ala) ( <del>ata not</del> )    | view the body diter death.     |   | 23B, DATE SIGNED                                      |
| Allash B Vohoo. W  | M.D. Att                                 | ending Med.                    | Stoff -                                 | 9/11  |
| 23C. PHYSICIAN'S   | Phy                                      | rs. Director                   | Phys.                                   | 110/62  |
| NAME (Type)  | 00                                       | 23D. ADDRESS                   | 1000                                    | +> B A1.  |
| MORRIS B. SCHREIB  | BER M.D.                                 | 1314W. Jon                     | word >                                  | . Delyinger   |
| 24A. BURIAL CREMATION, 24B. DATE 24C.N   | AME of CEMETERY of CR                    | EMATORY 24D. LO                | CATION (City,                           | , town, or county) MCC(Stot                           |
| BURIAL 9/10/67 H   | EBREW YOU                                | IC WEN P                       | ACTO                                    | MD  |
|  | OF REGISTRAR                             | 25C. FUNERAL DIRECTOR          | .,                                      | ADDRESS   |
| SEP 12 1967 (July 2)   | U. E. Vanbeuma                           | Sylvan 5.2                     | Ewin & Son,                             | He Garner   |
| VS 150-REV, 1/1/65   | 1 (0")                                   | 701                            | 3                                       | - hod   |



BALTIMORE CITY HEALTH DEPARTMENT

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DIRECTOR:

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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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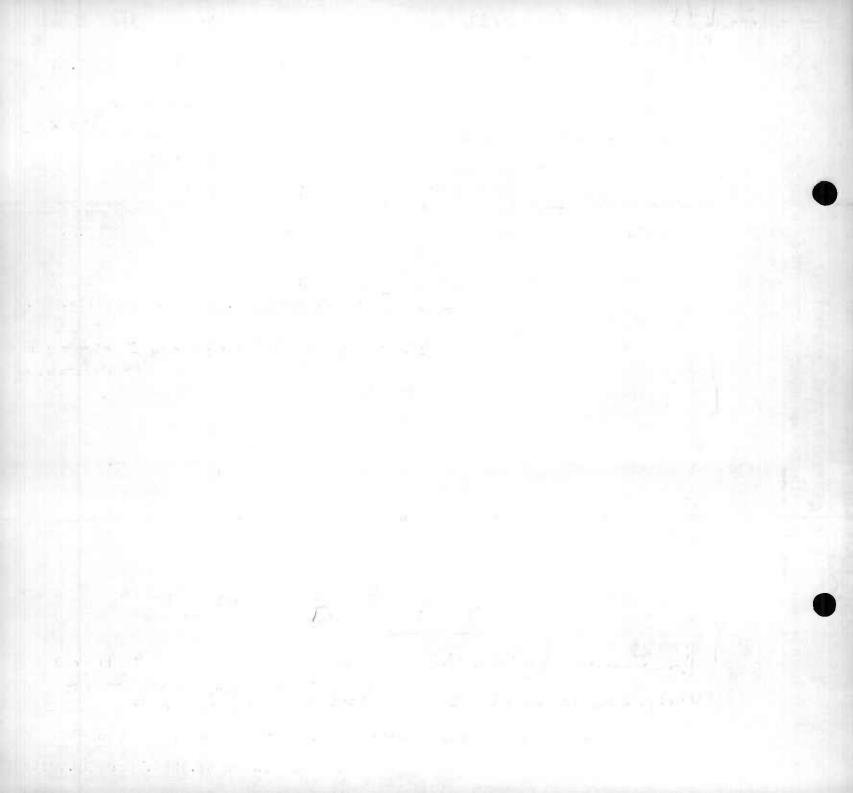
AV MOYAD & SNEWLING INCOME ON, OTJAN SUNOSN STREATE GOIS-SU-SIS . C.E.

THE PARTY OF THE

WILKERS & CAP M AVE ST. AGRES NOSPITAL EASTWEEN, NO. 28288

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VS 150-REV. 1/1/65



|         | I NO.                          | 6   | 7 8                      |                              | ,                 | TE OF           |                  | Registered No.                        | 67_                      | 8712           | 2                  |
|---------|--------------------------------|---|--------------------------|------------------------------|-------------------|-----------------|------------------|---------------------------------------|--------------------------|----------------|--------------------|
| 1. NA   | ME OF DECI                     | EASED                                       |                          |                              |                   |                 | 2. DATE A        | AND HOUR OF DEATH                     | 1                        |                |                    |
| {Туре   | e or Print)                    | LEONARB WH                                  | ITE                      | -                            |                   |                 | 0-               | 6-67                                  |                          | 7.45 /         | M M                |
| 3. PL   |                                | ATH IN BALTIMORE, M                         |                          |                              | _                 | 4. USUAL R      |                  | nere deceased lived. If               | institution: reside      | nce before o   | dmission)          |
| FI      | JLL NAME O                     | F (If not in hospite                        | or institut              | ion give street              |                   |                 |                  |                                       |                          |                |                    |
| H       | OSPITAL OR                     | oddress or locat                            | ion)                     | ion, give siecei             |                   | C. CITY OR      | TOWN (If a       | outside city limits, write            | RURAL ond give           | ownship)       | 1                  |
|         |                                | Johns Hopki                                 | ns Ho                    | spit <b>al</b>               |                   | Bal             | timore           |                                       | /                        | 1-04           | 1                  |
|         | 33                             | 601 N. Bros                                 | adway                    |                              |                   | D. STREET A     | DDRESS           | If rurol, give location)              |                          |                |                    |
|         |                                | Baltimore,                                  | Maryla                   | and                          |                   | 1016            | N. Dall          | Las Street                            |                          |                |                    |
| 5. SE   | X                              | 6. RACE                                     | 7. MARI                  | RIED, NEVER MARI             | RIED<br>(specify) | 8. DATE OF      |                  | 9. AGE (In years<br>lost birthday)    | If Under 1<br>Months Doy | Yr. If Unde    | er 24 Hrs.<br>Min. |
|         | M                              | Negro                                       | 1                        | Never marr                   | ied               | 3/04            | /18              | 49                                    |                          |                |                    |
|         |                                | JPATION (Give kind of we                    |                          | D OF BUSINESS OF             | INDUSTRY          | 11. BIRTHPLA    | CE (State or fo  | reign country)                        | 12. CITIZEN              | OF<br>COUNTRY? |                    |
| done    |                                | working life, even if retired<br><b>bor</b> | 1                        |                              |                   | Mary            | land             |                                       | U.S                      |                |                    |
| 13. F   | ATHER'S NAM                    |   | 1                        |                              |                   |                 | S MAIDEN N.      | AME                                   |                          |                |                    |
|         |                                |   | cont o i                 |                              |                   |                 |                  | DRUCILLA                              |                          | 1              |                    |
| 3.0. 11 |                                |   | White                    |                              |                   |                 |                  | DIOCITIES                             | 1.00                     | DRESS          | - 17               |
|         |                                | Ever in U. S. Armed F                       |                          | ice) 1 6. SOCIAL<br>SECURITY | NO.               | 17. INFORMA     |                  |                                       | AD                       | DRESS          | M.C.               |
|         |                                |   |                          | Marie                        |                   | Eliz            | abth Pl          | hilliph                               | Lusby,                   | Md.            |                    |
| 1       | 1B. 44 D                       | 0. /1                                       |                          | / 0                          | CAUSE O           | F DEATH         | 11.5             |                                       | INTI                     | ERVAL BETW     | EEN                |
|         | DISEAS                         | E OR CONDITION D                            | DIRECTLY                 | 35 ≥ 3                       |                   |                 |                  |                                       | ON                       | SEI AND DE     | AIR                |
|         |                                | LEADING TO DEAT                             |                          | 1 1                          | A) Rece           | nt & re         | mote an          | teroseptal                            |                          |                |                    |
|         | (This does n<br>heart failure. | of mean the mode asthenia, etc. If meon     | of dying.<br>ns the disc | e.g. L                       | OUE TO            |                 | myocar           | dial infarct                          | cion                     |                |                    |
|         |                                | plication which cause                       |                          | 8 00                         |                   |                 |                  | 1                                     |                          |                |                    |
|         | -                              | ANTECEDENT CAUSI                            | ES                       | P. P.                        | B)                |                 |                  |                                       |                          |                |                    |
|         |                                | R CONDITIONS, if                            |                          | ving                         |                   |                 |                  |                                       |                          |                |                    |
|         |                                | obove cause (A<br>G CONDITION last.         | ) slaling                | the and I                    | C)                |                 |                  | · · · · · · · · · · · · · · · · · · · |                          |                |                    |
|         | CHOCKETING                     | CONDITION IUSI.                             |                          | - E - S                      |                   |                 |                  |                                       |                          |                |                    |
| z       | OTHER SIGNI                    | FICANT CONDITIONS                           | CONTRIRI                 | MILL SAILT                   |                   |                 |                  |                                       |                          |                |                    |
| TIO     | TO THE D                       | EATH BUT NOT RE                             | LATED TO                 | 唯 3                          |                   |                 |                  |                                       |                          |                |                    |
| CA      |                                | OPERATION 198. CO                           | NOITION                  | OR WHICH CHES                | TION              | 20 A. AUT       | OPSY? (Yes or I  | No. 20B. IF YES, WERI                 | FINDINGS CO              | NSIDERED       |                    |
| RTIF    | 2                              | WAS PI                                      | ERFORMED                 | 100                          |                   | 1               | 53               | IN CERTIFYING C                       | AUSES OF DEA             | .IM?           |                    |
| 3       | 21 A. ACCIDEN                  | NT WAS UNDERLYING                           |                          | 218 PLACE OF IN              | IJURY (e.g., i    | n or obout 21 C | WHERE DID        | (If in Boltimo                        | re City, give ex         | (oct location) |                    |
|         |                                | JTING CAUSE OF                              |                          | home, form, foctor           | ry, street, o     | mice oldgi, INJ | OKI OCCUR?       |                                       |                          |                |                    |
| 20      | 21 D. TIME                     | (Month) (Doy) (Yeo                          | e) (Hour)                | 21E INJURY OCC               | URRED             | 21 F.           | HOW DID II       | NJURY OCCUR?                          |                          |                |                    |
| S       | OF INJURY                      |   |                          | While At                     | Not Whi           | le 🗂            |                  |                                       |                          |                |                    |
|         | (APPROX.)                      |   |                          | Work                         | At Work           |                 |                  |                                       | 0 ( -                    |                |                    |
| 1       | 22Thepsify                     | that (I) (this bosnit                       | all attend               | tet the deceased             | FION RRI          | 9-6-67          | RF               | 19 to                                 | 9-6-67                   | 19             |                    |
| 1       | that (1) (we)                  | lost saw the deceo                          | sed olive                | on                           | - 700             |                 |                  |                                       | pinion deoth c           | occurred or    | the date           |
|         | and hour and                   | from the causes st                          | tated abov               | ve. (I) (We) (did)           | (did not)         | view the bod    | y ofter death    | 1.                                    |                          |                |                    |
|         | 3A. SIGNATU                    |   | 11-                      |                              |                   |                 |                  |                                       | 23B. DATE S              | IGNED          |                    |
|         | 17                             | Michael 1                                   | /100                     | AD IL                        | M.D. Att          | ending          | Med.<br>Director | Stoff Phys.                           | 91                       | nil            | 7                  |
| 1       | 23C. PHYSICIA                  | Ins were                                    | NIC                      | eve                          | rn)               | 23D. ADDRESS    |                  | 1117 0. 1323                          | 1/6                      | 10/0           | /                  |
|         | NAME (T                        | ype)  | *•                       | £.                           | M.D.              |                 |                  | das Vasaita                           | 7                        | /              |                    |
| 241     | DUIS DU GGE                    | G. Michael V                                |                          |                              |                   |                 |                  | kins Hospita                          |                          |                | /54=1=1            |
| 24A.    | REMOVAL (S                     | MATION, 248. DATE                           |                          | C. NAME of CEME              | IERT OF CR        | EMATORY         | 24D.             |                                       | City, town, or co        |                | (Stote)            |
|         |                                | 9-10-                                       | -67                      | St.John                      | Ch.               | cem             |                  | Lusby,                                | C                        | alver          | t Md.              |
| 25A.    | DATE REC'D.                    | BY HEALTH DEPT.                             | 25B. NA                  | ME OP REGISTRAR              |                   | 25C. FUN        | IERAL DIRECT     | OR                                    | 7.                       | ADDRESS        |                    |
|         | 91                             | 1 27 1201                                   | West                     | TE, Jane                     | FLR               | Pin             | Muli E           | Sowell                                | Frince                   | Frede          | vict hu            |
| /5 1    | 50-REV. 1/1/6                  | 65  |                          | 9 6 7                        | (J                |                 | 110              | 4.0                                   |                          |                |                    |

a. Michael Vincent

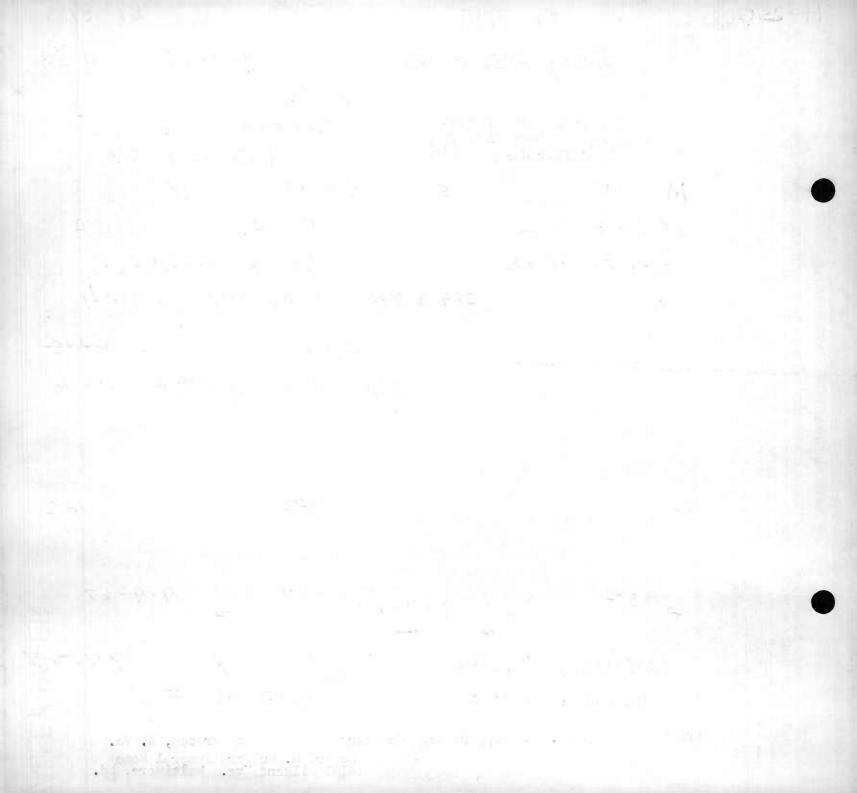
| C7 OMAO  | CATE OF DEATH Registered No. 67 8713   |
|--|--|
| M.E. CASE NO.  1. NAME OF DECEASED   | 2. DATE AND HOUR OF DEATH  |
| (Type or Print) Margaret Hoffess   | 9-9-67 2110  |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admi  |
| FULL NAME OF (If not in hospital or institution, give street   | Mardand  |
| HOSPITAL OR oddress or location)   | C. CITY OR TOWN (If outside city limits, write RURAL and give township)  |
| 3 Mercy Hospital   | pallinere City 26-11   |
| 37 Mercy Hay   | D. STREET ADDRESS (House), give (occion)   |
| 5. SEX I6. RACE I7. MARRIED. NEVER MARRIED   | 108 S. Cellion St. Haldat  |
| WIDOWED, DIVORCED (specify   | 8. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 2 Months Days Hours N   |
| 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU   | JSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF   |
| done during most of working life, even if retired)   | Bott WHAT COUNTRYS   |
| Cleaning at Hausney on aca   | 14. MOTHERS MAIDEN NAME.   |
| 13. PATHER'S RANGE   | Plicabeth Werkie   |
| June Mullaney  |  |
| 15. Was Decembed Ever in U. S. Armed Forces? (Yes, no crunknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO. | 17. INFORMANY ADDRESS BA   |
|  | 3A FRANK G. HESS 708 S. CLINTON ST.  |
| 337/   | SE OF DEATH INTERVAL BETWEEN ONSET AND DEAT  |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   | Brachasnymania days  |
| (This does not mean the mode of dying, e.g., DUE TO  |  |
| heort laiture, asthenio, etc. It means the disease, Camplication injury or complication which caused death.)                     | ed by unal behasis   |
| ANTECEDENT CAUSES (B) CI   | haleletterin H. H. J. V. D / Ears.   |
| DISEASES OR CONDITIONS, if ony, giving   | pending: microscapie.  |
| rise to the obove cause (A) stating the (C) UNDERLYING CONDITION last.   | exam or autopsy moreval  |
|  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  |  |
| DISEASE OR CONDITION CAUSING IT.   |  |
| 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  | 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?                            |
| WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (6  | e.g., in or obout 21 C. WHERE DID (If in Belfmore City, give exact location)   |
| OR CONTRIBUTING CAUSE OF home, form, foctory, stree  | et, office blog., INJURY OCCUR?  |
|  | 21F. HOW DID INJURY OCCUR?   |
| OF INJURY  | While  |
| Work At V  | Work U   |
| 22. I certify that (1) this haspital attended the deceased fram  |  |
| that (I) (we) last saw the deceased alive an   | 19 and that is (my) (aux) apinion death accurred on the  |
| and hour and from the causes stated above (1) (We) (did) (did no   | at) view the bady after death.   |
| 23A. SIGNATURE   | 238, DATE SIGNED   |
| Aprilip D. Marie M.D.  | Attending Med, Director Phys. Phys. 9-9-67.  |
| 23C. PHYSICIAN'S<br>NAME (Type)  | 23D. ADDRESS   |
| PHILIP H. MOORE  | M.D. MERCY HOSPITAL.  OF CREMATORY 24D, LOCATION (City, lown, or county) (SI   |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)  | CREMATORY 24D, LOCATION (City, lown, or county) (St  |
| BURIAL 9-12-67 SACRED HE   | EART CEM. 7401GERNANHILL RD. BALTO.  |
| 25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   | EART CEM: 7401GERMAN HILL RD, BALTO.  25C. FUNERAL DIRECTOR.  Solution 901 S. CONKLING ST.  Charles & Julian BALTO. 24, MD |
| SEP 12 1967 Resemble 2. Frankling  | lehalls & Juley 20 CONKLING ST   |
| VS 150-REV. 1/1/65   | 0 0 7 000 500 500  |

718 2 (A. Ch. Se 1931) 2 ONETTING CHEATS STATESTED Microsing at Manger Mill and Clinical Michiga Vienes Matheners PAILUR H MOORE THE BORNES OF STREET, STREET,

| A.E. CASE NO<br>NAME OF D  |  |  | CERTIFICA  | TE OF DEATH  | Registered Na.  |                             |   |
|--|--|--|--|--|---|-----------------------------|---|
| NAME OF D  |  |  |  |  |   |                             |   |
| Type or Print)   | ECEASED  |  |  | 2. DATE A  | ID HOUR OF DEATH  | 4                           | 05  |
| type of filling  | HENRIETTA S  | CHMIEDIC   | KE   | 3  | 8 Sept. 196'  | 7                           | 9 = A   |
| PLACE OF   | EATH IN BALTIMORE, MA  | ARYLAND  |  | 4. USUAL RESIDENCE (Whe  | re deceased fived. If   |                             | lence belore admissio   |
|  |  |  |  |  | alto.   |                             |   |
| HOSPITAL O   |  |  | give stroot  |  |   |                             |   |
| INSTITUTION  | k oddiess of locolic   | 0117   |  |  | tsido city limits, write  | RURAL ond gi                | ive township)   |
| 25   |  |  |  | Dundalk  |   | 53                          | -00   |
| 900  | hurch Home and   | d Hospit   | tal  | D. STREET ADDRESS (If  | rural, give location)   |                             |   |
|  |  |  |  | #10. undalk  | Rida  |                             |   |
| . SEX  | 6. RACE  | 7. MARRIED   | , NEVER MARRIED  | B. DATE OF BIRTH   | 9, AGE (In years  | If Under 1                  | Yr. If Under 24 Hr  |
|  |  |  | D, DIVORCED (specify)  |  | lost birthdoy)  | Months Do                   | ys Hours Min,   |
| 'emale   | Caucasian  | widov  |  | 29 Sept., 1887   | 7 79  |                             |   |
|  | CUPATION (Give kind of wor<br>ol working lile, even if retired)  |  | F BUSINESS OR INDUSTRY   | 11, BIRTHPLACE (State or loro  | ign country)  | 12. CITIZEN                 | OF<br>COUNTRY?  |
| at h   |  |  |  | Maryland   |   | U.S.                        |   |
| 3. FATHER'S N  |  |  |  | 14. MOTHER'S MAIDEN NA   | AAC   | 0.5.                        |   |
|  |  | 100  |  |  | · · · -   | 3                           |   |
| Fer  | dinand Steinb  | ach  |  | Louisa   | Brettschneid  | aer                         |   |
| 5. Wos Deceos  | ed Ever in U. S. Armed Fo  | prcos?   | 1 6. SOCIAL  | 17. INFORMANT  |   | A                           | DDRESS  |
| es, no or unkno  | wn) (If yes, give wor or dot   | tes of sorvico)  | SECURITY NO.   |  | A. Barrier  |                             |   |
| no   |  |  | 216903-5004 D  | Ferdindand Sm  | ith, 934 No   | rth Hill                    | Rd. 21218   |
| 18. 2  | 20 /1  |  | CAUSE O  | F DEATH  |   | INT                         | TERVAL BETWEEN  |
| DISE   | ASE OR CONDITION DI  | IDECTIV  |  |  |   |                             | ISET AND DEATH  |
| Dise   | LEADING TO DEATH   |  |  | 6.0 8  | 0.  |                             | 1   |
| (This does   | not meen the mode of   |  | (A)<br>DUE TO  | varmonary c  | rena  |                             | rovies  |
|  | e, oslhenio, etc. Il meon:   |  |  |  |   |                             |   |
|  | omplication which coused   |  |  | Marine O. O. A.  | 10. 0-1   | 111                         | 0.0   |
|  | ANTECEDENT CAUSES  | S  | (B)  | ryotardial a   | yardion   | 1 //                        | 20162   |
| DISEASES   |  |  | DUE TO   |  |   |                             |   |
|  | OB COMPITIONS IS   |  | 502.10   |  | 0   |                             |   |
|  | OR CONDITIONS, if  |  | 16) A  | To eim cleration   | Cornau &  | en e                        | -10 6104  |
| rise lo  | OR CONDITIONS, if<br>the obove couse (A)<br>NG CONDITION lost.   |  | (c) A  | Pulmonay E,<br>Myocardial I<br>rteriorclustic  | Cornay &  | rés 5                       | 10 grai   |
| rise lo  | The obove couse (A) NG CONDITION lost.   |  | (c) A  | rte sios clustic   | Cornay &  | red 5                       | -10 year  |
| rise lo<br>UNDERLYI  | the obove couse (A) NG CONDITION lost.   | sloling the  | -  | rte nior clustic   | Cormany &   | red 5                       | 10 gear   |
| rise lo<br>UNDERLYI  | the obove couse (A) NG CONDITION lost.  II NIFICANT CONDITIONS   | sloting the  | G  | rte nior clustic   | Corman &  | red 5                       | 10 gear   |
| OTHER SIGN TO THE DISEASE OF   | THE OBOVE COUSE (A) NG CONDITION IOSI.  II NIFICANT CONDITIONS ( DEATH BUT NOT REL OR CONDITION CAUSING  | STORING THE  | G<br>HE  |  |   | 150                         | 10 gear   |
| OTHER SIGN TO THE DISEASE OF   | THE OBOVE COUSE (A) NG CONDITION IOSI.  II NIFICANT CONDITIONS ( DEATH BUT NOT REL OR CONDITION CAUSING OF OPERATION   198. COI  | CONTRIBUTINATED TO THE   | G  | The air clustic  | o) 20B. IF YES. WERE  | FINDINGS CO                 | -10 GLau  |
| OTHER SIGN TO THE DISEASE OF   | THE OBOVE COUSE (A) NG CONDITION IOSI.  II NIFICANT CONDITIONS ( DEATH BUT NOT REL OR CONDITION CAUSING OF OPERATION   198. COI  | STORING THE  | G<br>HE  |  |   | FINDINGS CO                 | -10 GLar  DINSIDERED  ATH?  |
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Rabonionary Edward Stripe's Augrenland Superction Groups Anteriordachi Carmany Mai Cont of John Faul of Journal 163/148

| 67 8715 CE   | RTIFICATE OF   | PAKIMENI<br>DEATII Regi                 | stered No. 6              | 7 8715                                       |
|--|--|---|---------------------------|--|
| M.E. CASE NO.  | KIIFICATE OF   |   | //                        |  |
| TIMMY AILEN HI   |  | 2. DATE AND HOUR                        | 1-67                      | 9 30 M.                                      |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND   | A. STATE   | ESIDENCE (Where deceas                  | ed lived. If institution: | residence befare odmission)                  |
| FULL NAME OF (If not in hospital or institution, give street oddress or location)  | C. CITY OR   | VA.                                     | Cara Otto Al              |  |
| INSTITUTION USPHS HOSPITAL   | C. City  | CEANA                                   | limits, write RURAL or    | de lownship)                                 |
| 28 WYMAN PARK DRIVE  | D. STREET A  |   | locotion)                 | ./   |
| BALTIMORE, M.  | 3,   | P.O.                                    | 130× 2                    | -4   |
| 5. SEX  6. RACE  7. MARRIED, NEVER M WIDOWED, DIVORC   |  | 9. AGE (lost birthe                     |                           | er 1 Yr. If Under 24 Hrs.<br>Doys Hours Min. |
| 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS done during most of working life, even if retired)  | OR INDUSTRY 11. BIRTHPLA   | CE (State or foreign countr             | 12. CI1                   | IZEN OF                                      |
| STUDENT  |  | W. VA.                                  |                           | USA  |
| Day F 1110110  | 14. MOTHER   | S MAIDEN NAME                           | 1/20                      | - 1/   |
| KAY E. HICKS  15. Wos Deceased Ever in U. S. Armed Forces?  16. SOCIA  | L 17. INFORMA  | NEILIE                                  | HANMA                     | CK   |
|  | ITY NO.  | SPHS Hos                                | n REC                     | ords   |
| 18. 204 11   | CAUSE OF DEATH   |   |                           | INTERVAL BETWEEN<br>ONSET AND DEATH          |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   | SEPTI  | remia                                   |                           | 'dRXC  |
| (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,   | DUE TO   |   |                           |  |
| injuly of complication which coused death.)  | MUFLOOR  | enous Leu                               | Kemia                     | Manthe                                       |
| DISEASES OR CONDITIONS, if ony, giving   | DUE TO   |   |                           |  |
| rise to the obove cause (A) stoling the UNDERLYING CONDITION lost.   | (C)  | *************************************** |                           |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |   |                           |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF | ERATION 20A. AUTO  | PSY? (Yes or No) 208. IF                | YES, WERE FINDING         | S CONSIDERED DEATH?                          |
| OR CONTRIBUTING CAUSE OF home, form, for DEATH (notify medical examiner)   | INJURY (e.g., in or obout 21 C<br>ctory, street, office bldg., INJ | WHERE DID (                             | tf in Boltimore City, gi  | ve exoct location)                           |
| OF INJURY  (Month) (Doy) (Yeor) (Hour) 21E. INJURY O   |  | HOW DID INJURY OC                       | CU R?                     |  |
| (APPROX.)  | Not While At Work  | -                                       |                           |  |
| 22. I certify that the (this hospital) attended the deceas   | ed from 8"-11.   | - 67 19                                 | to 9-9                    | - 67 19 .                                    |
| thotal (we) last saw the deceased alive an   |  |   | e) (our) apinion de       | oth accurred an the date                     |
| and haur and from the causes stated above. (We) (di  | d) (drd net) view the bad  | y ofter deoth.                          | 22 R D A                  | TE SIGNED                                    |
| (1) Olyman & (1) Olain   | M.D. Attending Phys.   | Med. Staff                              | ,                         | 9-10-67                                      |
| 23C. PHYSICIAN'S<br>NAME (Type)  | 23D. ADDRESS   |   |                           |  |
| William L. WILKIE  | M.D.   | SAME AS                                 | #3                        |  |
| 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CE   | METERY OF CREMATORY  | 24D, LOCATION                           | (City, town,              | or county) (Stote)                           |
| Burial Sept. 13 Koppers t  | on Cemetery  | Konne                                   | rston W. I                | 7a .   |
| 238. NAME OF REGISTR   | AK 125C. FUN   | eral pirector                           | rston, W. I               | ADDRESS                                      |
| SEP 12 1967 02.6 273   | dollar 18 0 4107   | Wilkens ve.                             | Baltimore                 | Md.  |



BALTIMORE CITY HEALTH DEPARTMENT

IMPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 208. IF YES, WERE FINDINGS CONSIDERED LIN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) Sept. 7 67 and that in (my) (aur) apinion death accurred on the date 238, DATE SIGNED 9/8/67 US PHS Hospital. Balto, Md. (City, town, or county) Bicknell , Indianna Howard H. Hubbard Funeral Home 4107 Wilkens Ave. Baltimore, Md. 21229

If Under 1 Yr.

12. CITIZEN OF WHAT COUNTRY?

ADDRESS

Months Doys

If Under 24 His.

Hours

USA

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Herey D. Octav, Diversey (B) and under the spiral, Edica, Day

IMPORTANT

FUNERAL DIRECTOR:

| BIRTH NO.             | 6   | 7 87.                    | 1/                          | TE OF DEATH   | Registered No.             | 67 8717                              |
|-----------------------|---|--------------------------|-----------------------------|---|----------------------------|--------------------------------------|
| M.E. CASE NO          |   |                          | CERTIFICA                   | ATE OF DEATH  |                            |                                      |
| (Type or Print)       | DECEASED  | T 1                      | 37                          |   | ID HOUR OF DEATH           |                                      |
| 3. PLACE OF           | DEATH IN BALTIMORE, M                                   | JOSIAN                   | Young                       | 14. USUAL RESIDENCE (When                               | -8-67                      | titution: residence before admission |
|                       | Pened and   |                          |                             | A. STATE B. COUN  | ΙΤΥ                        |                                      |
| HOSPITAL (            |   |                          | give streel                 | C. CITY OR TOWN (If our                                 | tside city limits, write R | USAL and give (waship)               |
| 1434 Presstman Street |   |                          | Balto.                      | iside city limits, with k                               | Cast. and nate (avnship)   |                                      |
| 00                    | Balto., 1   |                          |                             |   | rural, give location)      |                                      |
| 00                    | Dar ou , 1  | allo ala                 | 1 /                         | 1434 Press  | tmon Ctmoo                 | da                                   |
| 5. SEX                | 6. RACE   |                          | , NEVER MARRIED             | B. DATE OF BIRTH  | 9. AGE (In years           | If Under 1 Yr. If Under 24 h         |
| Male                  | Negroid   | Divo                     | D, DIVORCED (specify)       | 2-25-94   | lost birthdoy)             | Months Doys Hours Min                |
| IOA, USUAL O          | CCUPATION (Give kind of we                              | ork 10B. KIND O          |                             | Y 11. BIRTHPLACE (State or forei                        | ign country)               | 12. CITIZEN OF                       |
| done during mos       | st of working life, even if retired                     | )                        |                             | Maryland  |                            | U.S.A.                               |
| 13. FATHER'S          | NAME  |                          |                             | 14. MOTHER'S MAIDEN NA                                  | MF                         | U.D.A.                               |
|                       | George W. Y   | Toung                    |                             |   | ta Harris                  |                                      |
| 15 Was Dares          | sed Ever in U. S. Armed F                               | -                        | 11 6 500141                 |   | od Hall Ta                 | ADDRESS                              |
| (Yes, no or unkn      | own) (If yes, give war ar da                            | ites of service)         | 1 6. SOCIAL<br>SECURITY NO. | 17. INFORMANT   |                            | ADDRESS                              |
|                       |   |                          | 218055965                   | Lina Finley   | 1434 Press                 | tman Stsiste                         |
| 18. 3.3               | XI  |                          | CAUSE                       | OF DEATH  |                            | INTERVAL BETWEEN                     |
| DIS                   | EASE OR CONDITION D                                     |                          |                             | 0 1 nus   | 0                          | 2                                    |
| (This doe             | s nal mean the made                                     |                          | (A)                         | celebral Henry  | Hege                       |                                      |
| heart faile           | ure, asthenia, etc. 11 mear<br>camplication which couse | s the disease            |                             | Cerebral Hemo.<br>arteno-schwar                         | 1                          | Ditamus C                            |
| injury di             | ANTECEDENT CAUSE  |                          | (B) 1                       | irteno- schoon  | 2                          | co-ac-                               |
| DISEASES              | OR CONDITIONS, if                                       |                          | DUE TO                      |   |                            |                                      |
| rise la               | the above cause (A                                      |                          |                             |   |                            |                                      |
| UNDERLY               | ING CONDITION last.                                     |                          |                             |   |                            |                                      |
| Z OTHER C             | CHIEGANT CONDITIONS                                     | CONTRIBUTION             | C                           |   |                            |                                      |
| E TO THE              | GNIFICANT CONDITIONS DEATH BUT NOT RE                   | LATED TO TH              |                             |   |                            |                                      |
|                       |   | NDITION FOR              | WHICH OPERATION             | 20A. AUTOPSY? (Yes or No                                | DE 208. IF YES, WERE F     | INDINGS CONSIDERED                   |
| THE CO                | WAS PE  | RFORMED                  |                             |   | IN CERTIFYING CAU          | ISES OF DEATH?                       |
| U 21A. ACCI           | IDENT WAS UNDERLYING RIBUTING CAUSE OF                  | 211                      |                             | in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? | (If in Baltimore           | City, give exact location)           |
|                       | otify medical examiner                                  | etc                      |                             | onice orage, 11430ki OCCOK:                             |                            |                                      |
| 0 21 D. TIME          | (Month) (Doy) (Yeo                                      | r) (Hour) 218            | INJURY OCCURRED             | 21F. HOW DID INJ  | URY OCCUR?                 |                                      |
| S OF INJURY           |   |                          | nile At Not Wh              | ile   |                            |                                      |
| 22 1                  |   |                          |                             | 7   | 19 5.61                    | 0/7                                  |
| 22. I cert            | tify that (I) (this hospit<br>we) last saw the deceo    | al) attended             | Sehl 4                      | 11-11-1   | 1967 to Sept               | 8 1967                               |
|                       |   |                          | //                          |   | at in(my) (aug) opin       | ion death occurred an the            |
|                       |   | oted obove.              | 1) (Wa) (did) (did not)     | view the body after death.                              |                            |                                      |
| 23A. SIGN             | ATURE /   | 1 7                      | ( he M.D. At                | tending Med.  | Staff                      | 238. DATE SIGNED                     |
|                       | James &   | Lulian                   |                             | ys. Director  | Phys.                      |                                      |
| 23C. PHYSI<br>NAM     | E/(Type)  |                          | (1)                         | 23D. ADDRESS  | 1 1.11                     | Both ma                              |
| 1                     | JAM'ES S  | JULI                     | AN, JR. M.D                 | 5/1 /1 / Solu   | sedu so                    | 21223                                |
| 24A. BURIAL O         | CREMATION, 248. DATE                                    | 24C. N                   | AME of CEMETERY of CI       | REMATORY 24D. LO  | OCATION (Cit               | y, town, or county) (Stole           |
| Bur                   | 0 40  | -67 Ba                   | ltimore Nat                 | 11. Cem. Ba   | ltimore, M                 | aryland                              |
|                       | C'D BY HEALTH DEPT.                                     |                          | OF REGISTRAR                | 25C. FUNERAL DIRECTOR                                   |                            | ADDRESS                              |
|                       | SEP 12 1967   | R. Ray F.                | E. Failly 13                | Kalson -Fune  | ral Home 1                 | 348 Calhoun S                        |
| VE 150 DEV/ 1         | 12.11.5   | The second second second |                             | W 0 / U 1   |                            |                                      |

Cerebral Hauseley. Anterio celevario

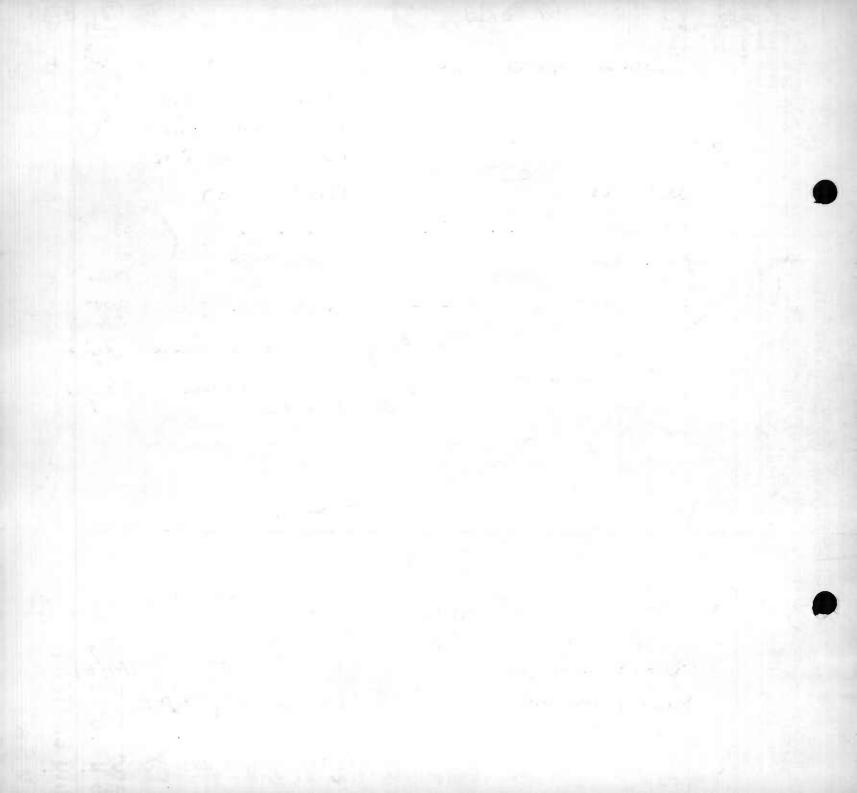
Person Julia Dr. 10 511 M. Deleveled & Posters The

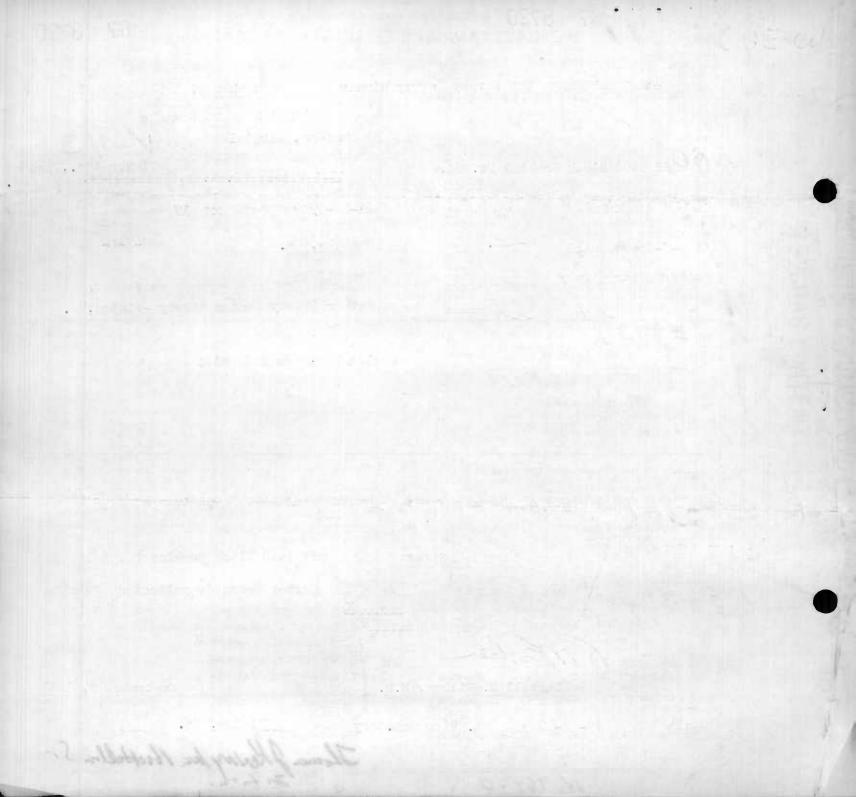
a hospital and

| NAME OF DE  | <u></u>   | 871                                       | CERTIFICA                                     | TE OF DEATH  | Registered Na.                                       | 01 0110                               |
|---|---|---|---|--|--|---------------------------------------|
| Type or Print)  | Nancy Loui  | se Eder                                   |   | 2. DATE A  | Sept. 6, 19  |                                       |
| FULL NAME HOSPITAL OR INSTITUTION  US Pu  |   | ervice I                                  |   | Md.  c. city or town (if o Elkton  | NTY utside city limits, write frurol, give location) | RURAL and give township)              |
| . SEX   |   |   | NEVER MARRIED                                 | B. DATE OF BIRTH   | 19. AGE IIn years                                    | If Under 1 Yr If Under 24             |
| F   | W   | WIDOWEL                                   | o, DIVORCED (specify)                         | 10/11/27   | lost birthday  | Months Doys Hours Mi                  |
| one during most o   | CUPATION (Give kind of work of working lile, even if retired)   | 10B, KIND OF                              | BUSINESS OR INDUSTRY                          | 11. BIRTHPLACE (State or for Fla.  | eign country)  | 12. CITIZEN OF WHAT COUNTRY?          |
| Ph  | amer<br>Millip Beamer   |   | ,   | 14. MOTHER'S MAIDEN NA<br>Jessie Bruce   |  |                                       |
| 5. Was Decease<br>es, no ar unknow<br><b>no</b>   | ed Ever in U. S. Armed Force<br>vn) (If yes, give wor or dote:  | s of servicel                             | 16. SOCIAL<br>SECURITY NO.<br>212-24-7467     | 17. INFORMANT<br>Records- US I   | PHS Hospital   | , Balto, Md.                          |
| 18. 2   | 00/1  |   | CAUSE O                                       | FDEATH   |  | INTERVAL BETWEEN ONSET AND DEATH      |
| DISEA   | ASE OR CONDITION DIR  | ECTLY                                     | 1   | Focal embolic e  | ncephalitis  | 5 yrs                                 |
| OTHER SIGN  | OR CONDITIONS, if che obove cause (A) NG CONDITION lost.  II  NIFICANT CONDITIONS CODEATH BUT NOT RELATE CONDITION CAUSING IT | stating the                               | Non- to                                       | oxic thyroid no  |  | Years                                 |
|   |   | DITION FOR V                              | VHICH OPERATION                               | 20A. AUTOPSY? (Yes or N  | IN CERTIFYING CA                                     | FINDINGS CONSIDERED<br>USES OF DEATH? |
| OR CONTRIB  | ENT WAS UNDERLYING DEBUTING CAUSE OF Ly medical examiner  | 21 B.<br>hom<br>etc.                      | e, form, foctory, street, of                  | or about 21 C. WHERE DID INJURY OCCUR?   | (If in Boltimore                                     | B City, give exact location)          |
|   | (Month) (Doy) (Yearl  |   | INJURY OCCURRED  le At Not While k At Work    | 21F. HOW DID IN  | JURY OCCUR?  |                                       |
| 21 D. TIME<br>OF INJURY<br>(APPROX.)  |   |   |   |  |  |                                       |
| 22. I certifithat (1) (we   | e) last saw the decease   | d alive an                                | Sept. 6                                       | pt. 5  | 19 67 ta Se]   | pt. 6 19 6                            |
| 22. I certify that (1) (we  | e) last saw the deceased<br>nd from the couses state  | d alive an                                | Sept. 6 (We) (did) (did / / / / /             | 19.67 and to   | hat in (n/y) (aur) api                               | nion death accurred an the            |
| 22. I certified that (1) (we ond hour or 23A. SIGNAT  | o) last saw the deceased and from the couses state  URE  Level S  (Type)  | d alive an ed obave. ()                   | Sept. 6  S (We) (did) (did holy) v  M.D. Atte | 19.67 and the least the le | hat in(n(y) (aur) api                                | 23B, DATE SIGNED 9/7/67               |
| 22. I certifthat (1) (we ond hour or 23A. SIGNAT  23C. PHYSICI NAME (Henry  IA. BURIAL CR REMOVAL  Burial | o) last saw the deceased and from the couses state  URE  ALL  (Type)  S. Crist, SA  | d alive an ded obave. ()  Curry  Surg (R) | Sept. 6  S (We) (did) (did holy) v  M.D. Atte | nding Med. Director WS PHS HOSPI MATORY 24D.   | Stoff X Ltal, Balto,                                 | nion death accurred an the            |

ISLONIC OYL . . TOTAL SELECTION OF THE . . C , Mr. otlan , in board to de train of the contract, mains, th. East a rept. 5. Sopt. 6 and 6. Sopt. Property and the second of the 

VS 150-REV. 1/1/65





| M.E. CASE NO.<br>1. NAME OF DECEASED   | 67. 87   | CERTIFICA  |   | ID HOUR OF DEATH   | 6/ 8/21  |
|--|--|--|---|--|--|
| (Type or Print) LYSTON, WI   | ILLIAM JOH   | N  | SEPTEN  | BER 9, 196   | 7   10:35 P  |
| PLACE OF DEATH IN BALTIMORE  | MARYLAND   |  | 4. USUAL RESIDENCE (When  | re deceased lived. If i  | institution; residence before admissio   |
| HOSPITAL OR oddress or lo  |  |  |   | LT IMORE  tside city limits, write   | RURAL give township)   |
| 2 7 3900 LOCH R  | RAVEN BOUL   |  |   | rural, give(location)  | 05   |
| BALTIMORE,   |  |  | 2518 FOSTER AV  | VENUE  |  |
| MALE CAUCASIAN   | MALE CAUCASIAN WIDOWED, DIVORCED (specify) MARRIED   |  |   | 9. AGE (In years<br>lost birthday)<br>48   | If Under 1 Yr. If Under 24 Hr<br>Months Doys Min.  |
| OA, USUAL OCCUPATION (Give kind of done during most of working life, even if ref   |  | SE BOZINEZZ OK INDOZIKI  | 11. BIRTHPLACE (State of fores  | ign country)   | 12. CITIZEN OF<br>WHAT COUNTRY?  |
| PRESSER  |  |  | BALTIMORE, MARY   |  | UNITED STATES  |
| 3. FATHER'S NAME   |  |  | 14. MOTHER'S MAIDEN NA  | ME   |  |
| WILLIAM M. LYSTON  | 1  |  | EVA KRUG  |  |  |
| 5. Was Deceased Ever in U. S. Arme<br>Yes, no ar unknown) (If yes, give war o  | ed Forces?<br>or dotes of service)   | 16. SOCIAL<br>SECURITY NO.   | 17. INFORMANT VETERA  | ANS HOSPITA  | T. RECORDS   |
| YES 10-6-41/10   |  | 212-09-37-53   |   |  | TIMORE, MD. 21218  |
| 1B. 152 9  |  |  | F DEATH   | C DETEN  | INTERVAL BETWEEN   |
| DISEASE OR CONDITION   | N DIRECTLY   |  |   |  | ONSET AND DEATH  |
| LEADING TO DE  |  | (A)  | ARDIAC INSUFFIC   | IENCY  | 1 2 3 3 3  |
| (This does not mean the mod  |  | DUE TO   | ** ***** **** ***** **** **** * | ***************************************  | . 0  |
| injury or complication which co  |  | *  | AMOTED GOT ON   |  |  |
| ANTECEDENT CA  | USES   | (B)  | ANCER, COLON  |  |  |
|  |  | DUE 10   |   |  |  |
| DISEASES OR CONDITIONS.  | if ony, giving   | a a  |   |  |  |
| DISEASES OR CONDITIONS, rise to the obove couse  | (A) stoling the  |  |   |  |  |
|  | (A) stoling the  |  |   |  |  |
| rise to the obove couse UNDERLYING CONDITION tos   | (A) stoling the  | e (C)  |   |  |  |
| rise to the obove couse UNDERLYING CONDITION tos  II  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS  19A. DATE OF OPERATION 198. WAS  | (A) stoting the  | e (C)  | 20 A. AUTOPSY? (Yes or No   | b) 20B. IF YES, WERE   |  |
| TISE TO THE OBOVE COUSE UNDERLYING CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 198. WAS 19 OR CONTRIBUTING CAUSE OF OPERATION OF OPERATION OF OPERATION O | (A) stoling this.  INS CONTRIBUTING RELATED TO T SING IT.  CONDITION FOR S PERFORMED   | NG HE WHICH OPERATION  B. PLACE OF INJURY (e.g., image, form, foctory, street, o   |   | 20B. IF YES, WERE<br>IN CERTIFYING CA  | FINDINGS CONSIDERED  |
| rise to the obove couse UNDERLYING CONDITION los  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS  19A. DATE OF OPERATION 198.  21A. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING (Month) (Doy) (DEATH (notify medical examiner)   | (A) stoling the state of the st | NG HE WHICH OPERATION  B. PLACE OF INJURY (e.g., image, form, foctory, street, o   | 20 A. AUTOPSY? (Yes or No   | 20B. IF YES, WERE<br>IN CERTIFYING CA  | FINDINGS CONSIDERED<br>AUSES OF DEATH?   |
| rise to the obove couse UNDERLYING CONDITION los  II  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS  19A. DATE OF OPERATION 198.  21A. ACCIDENT WAS UNDERLYIOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  | (A) stoling the state of the st | B. PLACE OF INJURY (e.g., i me, form, foctory, street, o c.)  E. INJURY OCCURRED   | 20A. AUTOPSY? (Yes or No<br>n or obout 21C. WHERE DID<br>ffice bldg., INJURY OCCUR?   | 20B. IF YES, WERE<br>IN CERTIFYING CA  | FINDINGS CONSIDERED<br>AUSES OF DEATH?   |
| TISE TO THE OBOVE COUSE UNDERLYING CONDITION TO STATE OF OPERATION 198.  21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (APPROX.)   | (A) stoling the state of the st | B. PLACE OF INJURY (e.g., i me, form, foctory, street, o c.)  E. INJURY OCCURRED  (hile A1 Not While At Work   | 20A. AUTOPSY? (Yes or No<br>n or obout 21C. WHERE DID<br>ffice bldg., INJURY OCCUR?<br>21F. HOW DID INJ   | (If in Boltimo   | FINDINGS CONSIDERED AUSES OF DEATH?  TE City, give exact location)   |
| Tise to the obove couse UNDERLYING CONDITION tos  II  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE  19A. DATE OF OPERATION 198.  21A. ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Doy) (OF INJURY (APPROX.)  22. I certify that (this has  | (A) stoling the state of the st | RE (C)  NG HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., i me, form, foctory, street, o c.)  E. INJURY OCCURRED  White At   | 20A. AUTOPSY? (Yes or No<br>n or obout 21C. WHERE DID<br>ffice bldg., INJURY OCCUR?<br>21F. HOW DID INJ   | (If in Boltimo   | FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location)  TEMBER 9 19 67   |
| rise to the obove couse UNDERLYING CONDITION los    I  | (A) stoling the state of the st | RE (C)  NG HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., i me, form, foctory, street, o c.)  E. INJURY OCCURRED  White At   | 20A. AUTOPSY? (Yes or No<br>n or obout 21C. WHERE DID<br>ffice bldg., INJURY OCCUR?<br>21F. HOW DID INJ   | (If in Boltimo   | FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location? TEMBER 9 19 67  |
| Tise to the obove couse UNDERLYING CONDITION tos  II  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE  19A.DATE OF OPERATION 198.  21A. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (OF INJURY (APPROX.)   | (A) stoling this st.  INS CONTRIBUTING TO  | B. PLACE OF INJURY (e.g., i me, form, foctory, street, oc.).  E. INJURY OCCURRED / While At Work At Work the deceased from AUC SEPTEMBER 9   | 20A. AUTOPSY? (Yes or No<br>n or obout 21C. WHERE DID<br>ffice bidg., INJURY OCCUR?<br>21F. HOW DID INJ<br>18 15 15 ond th  | (If in Boltimo   | FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location? TEMBER 9 19 67  |
| NOTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 198. WAS 21A. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. TIME (Month) (Doy) (APPROX.)  22. I certify that (his has that (we) lost sow the decoration of the contribution of the contribut | (A) stoling this st.  INS CONTRIBUTING TO  | B. PLACE OF INJURY (e.g., i me, form, foctory, street, oc.).  E. INJURY OCCURRED / While At Work At Work the deceased from AUC SEPTEMBER 9   | 20A. AUTOPSY? (Yes or No<br>n or obout 21C. WHERE DID<br>ffice bidg., INJURY OCCUR?<br>21F. HOW DID INJ<br>18 15 15 ond th  | (If in Boltimo   | FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  TEMBER 9 19 67  |
| Tise to the obove couse UNDERLYING CONDITION los  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS  19A. DATE OF OPERATION 198.  21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (APPROX.)  22. I certify that (Doy) (This has that (W) (we) lost sow the decay and hour and from the couses  | (A) stoling this st.  INS CONTRIBUTING TO  | B. PLACE OF INJURY (e.g., i me, form, foctory, street, o c.)  E. INJURY OCCURRED  While At   | 20A. AUTOPSY? (Yes or No<br>n or obout 21C. WHERE DID<br>ffice bidg., INJURY OCCUR?<br>21F. HOW DID INJ<br>18 15 15 ond th  | (If in Boltimo   | FINDINGS CONSIDERED AUSES OF DEATH?  TE City, give exact location)  TEMBER 9 19 67   |
| TISE to the obove couse UNDERLYING CONDITION los  II  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS  179A.DATE OF OPERATION 198.  21A. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (OF INJURY (APPROX.)  22. I certify that (Noth) (Doy) (OF INJURY (APPROX.))  23A. SIGNATURE  23C. PHYSTCIAN'S  | (A) stoling this st.  INS CONTRIBUTING TO  | NG HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., i me, form, foctory, street, oc.)  E. INJURY OCCURRED  Chile A1 Not Whith ork  The deceased from AUG  SEPTEMBER 9  (We) (did) (SEPS) | 20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJ  E 19 67 ond the riew the bady after death.  | (If in Boltimo  URY OCCUR?  Stoff Phys.  | FINDINGS CONSIDERED AUSES OF DEATH?  TE City, give exact location)  TEMBER 9 19 67   |
| Tise to the obove couse UNDERLYING CONDITION los  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 198.  21A. ACCIDENT WAS UNDERLYIOR CONTRIBUTING CAUSE OF OPERATION DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (OPERATION) (APPROX.)  22. I certify that (Doy) (This has that (Doy) (We) lost sow the decand hour and from the couses 23A. SIGNATURE  | (A) stoling the state of the st | B. PLACE OF INJURY (e.g., ime, form, foctory, street, oc.)  E. INJURY OCCURRED  White AI Not White AI Work  The deceased from AUC  SEPTEMBER 9  (We) (did) (DD)  Att. Phy              | 20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJ  E   | (If in Boltimo  URY OCCUR?  19 67 to SEP  ot in (36) (our) op  | FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exoct locotion)  TEMBER 9 19 67  Dinian death occurred an the death occurred and the  |
| TISE to the obove couse UNDERLYING CONDITION los  II  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  21A. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  21D. TIME (Month) (Doy) (APPROX.)  22. I certify that (Month) (Doy) (APPROX.)  23C. PHYSTCIAN'S NAME (Type)  EDWARD O. F.  | (A) stoling the st.  INS CONTRIBUTING TO T SING IT.  CONDITION FOR S PERFORMED  (Yeor) (Hour) 21  W wspital) attended ceosed olive on stoted oboyé.  HUNT, M.D.  | B. PLACE OF INJURY (e.g., i me, form, foctory, street, o c.)  E. INJURY OCCURRED  While At At Work  the deceased from AUC  SEPTEMBER 9  (We) (did) (DDX)  M.D. Att.  Phy               | 20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJue 15 19 67 ond the view the bady after death.  23D. ADDRESS Veteran;  3900 Loch Raven  | OF THE SEP OF THE STATE OF THE SEP OF THE SE | FINDINGS CONSIDERED AUSES OF DEATH?  TEMBER 9 19 67 Similar death occurred an the death occurred and the death occ |
| Tise to the obove couse UNDERLYING CONDITION los  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 198.  21A. ACCIDENT WAS UNDERLYIOR CONTRIBUTING CAUSE OF OPERATION DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (OPERATION) (APPROX.)  22. I certify that (Doy) (This has that (Doy) (We) lost sow the decand hour and from the couses 23A. SIGNATURE  | (A) stoling the st.  INS CONTRIBUTING TO T SING IT.  CONDITION FOR S PERFORMED  (Yeor) (Hour) 21  W wspital) attended ceosed olive on stoted oboyé.  HUNT, M.D.  | B. PLACE OF INJURY (e.g., ime, form, foctory, street, oc.)  E. INJURY OCCURRED  White AI Not White AI Work  The deceased from AUC  SEPTEMBER 9  (We) (did) (DD)  Att. Phy              | 20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21f. HOW DID INJ  | OCATION (C   | FINDINGS CONSIDERED AUSES OF DEATH?  TEMBER 9 19 67  Sinian death occurred an the death occurred and the death occ |
| Tise to the obove couse UNDERLYING CONDITION los  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A.DATE OF OPERATION 198.  21A. ACCIDENT WAS UNDERLYIOR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF INJURY (APPROX.)  22. I certify that (Doy) (1) (Doy) (2) (APPROX.)  23. SIGNATURE (Month) (Doy) (2) (APPROX.)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial 9-13   | (A) stoling the state of the st | B. PLACE OF INJURY (e.g., ime, form, foctory, street, oc.,)  E. INJURY OCCURRED (hite At Work At Work At Work At Work At Work)  SEPTEMBER 9  (We) (did) (SEPTEMBER 9)  M.D. Att. Phy   | 20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21f. HOW DID INJ  | OCATION (C   | FINDINGS CONSIDERED AUSES OF DEATH?  TEMBER 9 19 67  Sinian death occurred an the d  23B. DATE SIGNED  23B. DATE SIGNED  23B. DATE (SIGNED)  Simore, Md. 21218  City, town, or county) (Stote)   |
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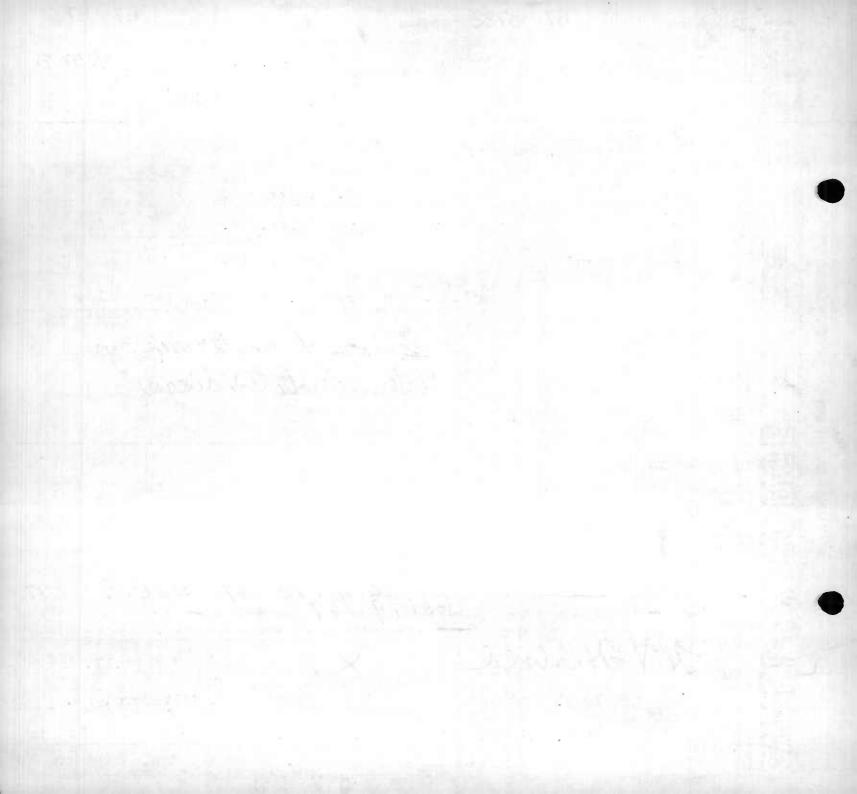
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VS 150-REV. 1/1/65

| BIRTH NO.  |  | 01 0   | 722 CERTIFICA  | TE OF DEATH  | Registered Na  | 67 8722   |
|--|--|--|--|--|--|---|
| M.E. CASE NO.  | CEASED   |  |  | 2. DATE AN   | D HOUR OF DEATH  | 4   |
| (Type or Print)  | EDWARD   | CLINTON I  | HAMMOND  |  | 9, 1967  | 9:50 P.   |
|  |  | MORE MARYLAND  | LAMMOND  | 4. USUAL RESIDENCE (Where  | deceased lived. If   | institution: residence before admiss  |
|  |  |  |  | A. STATE B. COUN   | Υ  | 1   |
| FULL NAME<br>HOSPITAL OF   |  | in hospital or institut  | ion, give street   | Maryland   | Baltimo  | re W.   |
| NOITUTITZNI  |  | Convalesa  | arium  | C. CITY OR TOWN (If outs   | side city limits, write  | 10 0  |
| 00   |  | Bel Air Ro   |  | Bradshaw D. STREET ADDRESS (IF   | urol, give location)   | 53.00   |
| 70   | Baltim   | ore, Mary  | yland  | J. JIKEEL MODRESS W.   | oron, gree reconon,  |   |
| 5. SEX   | 6. RACE  | 7. MARI  | RIED, NEVER MARRIED  | B. DATE OF BIRTH   | AGE (In years  | If Under 1 Yis If Under 24<br>Months Doys Hours Min   |
| Male   | Whit   |  | Married (specify)  |  | ost birthdoy)<br>89  | Months Doys Hours Min   |
|  |  | A  | D OF BUSINESS OR INDUSTRY  | Oct.17,1877  |  | 12. CITIZEN OF  |
| done during most of Farme  | ol working lile, eve<br>12°  |  | ricult ure   | Upper Falls,   | Md.  | WHAT COUNTRY? USA   |
| 13. FATHER'S NA  | AME  |  |  | 14. MOTHER'S MAIDEN NAM  | A E  |   |
| Joshu  | a Hammo  | ond  |  | Augusta Led  | lley   |   |
| 5. Wos Deceos  | ed Ever in U. S.   | Armed Forces?  | 1 6. SOCIAL  | 17. INFORMANT  |  | ADDRESS   |
| NO   | wn) (If yes, give  | wor or dotes of servi  | 213-38-9090  | Frank R Han  | mond. Up   | per Falls, Md   |
| 18. / O  |  |  | CAUSE 0  |  | , op   | -   |
| 1 / 7  | 9,2  |  |  |  |  | ONSET AND DEATH   |
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| heart failure  | e, osthenia, etc.  | . It means the dise  | ase,   | inous of mo  |  |   |
| injury or co   |  | ch caused death.)  | artos  | Inarvoration (   | -V 01101   | V 10 1  |
|  | ANTECEDENT   | CALISES  |  |  |  | / BIC / 1/  |
|  |  |  | DUE TO   | carcara-carc   | V COCCES   | OQ )  |
|  | OR CONDITIE  | ONS, if any, gi  | DUE TO ving  |  | v cooux  | CAC   |
| rise lo  | OR CONDITIE  | ONS, if any, gi  | DUE TO ving  |  |  |   |
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| OTHER SIG TO THE DISEASE O 19A. ACCID OR CONTRID DEATH (not 21 D. TIME OF INJURY (APPROX.)  22. I certifithat (I) (see   | OR CONDITION  The above condition of CONDITION  NIFICANT CONDEATH BUT R CONDITION (OF OPERATION)  PENT WAS UND BUTING CAU (Month) (Do (Month) (Do (Month)) (Do (M | ONS, if any, gi ause (A) slating N last.  DITIONS CONTRIBL NOT RELATED TO CAUSING IT.  198. CONDITION F WAS PERFORMED  DERLYING CONDITION F was performed by) (Year) (Hour)  The pital attend and a deceased alive   | DUE TO  Ving  The  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.,)  21E. INJURY OCCURRED  While At Not While Work At Work  ed the deceased from  | 20 A. AUTOPSY? (Yes or No)  NO n or obout 21 C. WHERE DID find injury occur?  21 F. HOW DID INJURY  1  | 20B. IF YES, WERE IN CERTIFYING C.  (II in Boltimo   | FINDINGS CONSIDERED AUSES OF DEATH?  TO City, give exect locotion)  |
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BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8724

| M.E          | CASE NO.      |   |  |                  |  |                                    |
|--------------|---------------|---|--|------------------|--|------------------------------------|
|              | AME OF DE     | ECEASED   | McDuffie   |                  | 2. DATE AND HOUR PRONOUNCED                                  | DEAD                               |
| 1,70         | 0 01 111111   | ODE   | LL COPLAND (CC   | PELAND)          | September 2, 196   | 7 3:18 P. M.                       |
| 3. P         | LACE IN BAI   | LTIMORE, MARYLAND,  | WHERE PRONOUNCED DEAD                                    | 4. USUAL RESIL   | DENCE (Where deceased lived, If institu                      | ution: residence before odmission) |
|              |               | 45 MAT IN MAAN  |  |                  | Maryland   |                                    |
| HO:          | L NAME OF     | ADDRESS OR LOC  | TAL OR INSTITUTION, GIVE STREET                          |                  | WN (II outside corporate limits, write I                     | RURAL ond give township)           |
| INS          | TUTION        |   |  | T                | Baltimore /  | 3-15)-                             |
| 1            | 5             |   | and the second second                                    |                  | ORESS (II rurol, give location)                              |                                    |
|              | Pı            | covident Hosp   | ital (DOA  |                  | 515 Lennox Street  |                                    |
| 5. S         | EX            | 6. RACE   | 7. MARRIED, NEVER MARRIED                                | B. DATE OF BIR   |  | If Under 1 Yr. II Under 24 Hrs.    |
|              | ale           |   | WIDOWED, DIVORCED (specify)                              |                  | lost birthdoys   | Months Doys Hours Min.             |
|              |               | Negro   | Single   | 2-17-            |  |                                    |
|              |               | CUPATION (Give kind of wo<br>f working life, even if retired) | ork 108. KIND OF BUSINESS OR INDUSTRY                    |                  |  | 12. CITIZEN OF<br>WHAT COUNTRY?    |
|              | Labor         | rer   | Construction Work  |                  | onville, S.C.  | WHAT COUNTRY?                      |
| 13. F        | ATHER'S NA    | ME  |  | 14. MOTHER'S A   | MAIDEN NAME  |                                    |
|              | ODE           | LL COPELANI   | D. SR.   | E                | LLA MAE JACKSON -  |                                    |
|              | VAS DECEAS    | ED EVER IN U.S. ARME  | D FORCES? 16. SOCIAL                                     | 17. INFORMANT    |  | ADDRESS                            |
| (Yes,        | no or unknow  | n) (If yes, give wor or do                                    | etes of service) SECURITY NO.                            | Man or T         | 100 de 004   | Coppins Court                      |
|              |               | 1   |  |                  | Eleanor Ost 904  |                                    |
|              | B. F. 9       | 82X   | CAUSE  | OF DEATH         |  | ONSET AND DEATH                    |
|              | DISE          | ASE OR CONDITION  |  |                  |  |                                    |
|              | (This does    | not meen the mode of  | (A)  | abwound o        | of neck  |                                    |
|              | heort foilur  | e, osthenio, etc. It meor<br>omplication which coused         | ns the discose,  |                  |  |                                    |
|              | injuly of C   | ompression which coused                                       | deom.,   |                  |  |                                    |
|              |               | ANTECEDENT . CAUS   | ES (B)   |                  |  |                                    |
|              |               | OR CONDITIONS, IF   |  |                  |  |                                    |
|              |               | ING CONDITION LAST  |  |                  |  |                                    |
| Z            |               |   | (C)  |                  |  |                                    |
| ERTIFICATION |               | II  |  |                  |  |                                    |
| 0            |               | GNIFICANT CONDITION:<br>DEATH BUT NOT R                       |  |                  |  |                                    |
|              | DISEASE       | OR CONDITION CAUSIN   | NG 1T.   |                  |  |                                    |
| CER          | 19A, DATE O   |   | ENDITION FOR WHICH OPERATION                             | 20A. AUTOPS      | Y? (Yes or No) 20B. IF YES, WERE FINI<br>IN CERTIFYING CAUSE |                                    |
|              | X             |   |  | Yes              | Yes  |                                    |
| ₹            |               | AL CAUSE WAS  | 218. PLACE OF INJURY (e.g., home, lorm, loctory, street, | in or about 21C. | WHERE DID (If in Boltimore City, give                        | e exact location)                  |
| MEDIC,       | UTING CA      | USE OF DEATH.   | etc.) sidwalk  |                  | 1800 Block Park Aven   | ue /3-0-3                          |
| 11 (         | 21 D TIME     | (Month) (Doy) (Ye   |  |                  | OW DID INJURY OCCUR?   | 70 00                              |
|              | (APPROX.)     | 9-2-67 3:0  | O P. WHILE AT NOT AT W                                   | WHILE X          | Stabbed by unknown a   | ssailant                           |
|              | 22.<br>I ce   | rtify that I held on  |  |                  | nd that on this bosis, death in my                           | opinion                            |
|              | rosi          | ulted from: Natural c   | auses Accident Suicid                                    |                  | ide X Undetermined manner                                    |                                    |
|              |               | M   |  |                  | AEDICAL EXAMINER   |                                    |
|              | ACTUA         |   | 1) dist  |                  | MEDICAL EXAMINER X   | DATE SIGNED                        |
|              | SIGNA         |   | M.D.   | •                |  |                                    |
|              | EXAMI<br>NAME | (Type)  | s S. Springate, M.D.                                     |                  |  | eptember 3, 1967                   |
|              | BURIAL CR     |   | 23C. NAME of CEMETERY                                    | OF CREMATORY     | 23D. LOCATION (City, t                                       | lown, or county) (Stote)           |
|              | Buria         |   | 1-67 Mount Aubur   | n Cemet          | ery Baltimore,   | Maryland                           |
| 24A          |               | D BY HEALTH DEPT.   | 24B. NAME OF REGISTRAR                                   |                  | RAL DIRECTOR   | ADDRESS                            |
|              |               | SEP 12 1967   | DO CO TO   |                  |  |                                    |
|              |               | API TE 1201   | DESCRIPT E. TENKYMA                                      | MORT             | ON & DYETT F.H.  | 1701 Laurens St                    |
| 140          | 101 001/ 1/1  | 118   |  | A 0              |  |                                    |

Building County Control of the Contr

| 1      | 67 8725 BALTIMORE CITY HEALTH  |  |
|--------|--|--|
| 6)-525 | BIRTH NO. MEDICAL EXAMINER'S CER   | RTIFICATE OF DEATH Registered No. 8725   |
| 0      | M.E. CASE NO.  |  |
|        | 1. NAME OF DECEASED (Type or Print)  | 2. DATE AND HOUR PRONOUNCED DEAD   |
|        | MARGARET Maggie K. JOHNSON   | September 10, 1967   6:15 P.M.   |
|        | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD   | . USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland |
|        | FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)                                    | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)                                     |
|        | INSTITUTION  | Baltimore 20-0/  |
| 2      | Bon Secours Hospital   | D. STREET ADDRESS (If jurol, give location)  |
| _      |  | 1949 W. Mulberry St.   |
|        | 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. WIDOWED, DIVORCED(specify)   | DATE OF BIRTH   9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months   Days   Hours   Min.                |
|        | Female Negro   | 2/22/1899 73   |
|        | 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even if refired) | WHAT COUNTRY?  |
|        | DOMESTIC WORK  | MONTGOMERY CO., MD. U.S.A.   |
|        |  |  |
|        |  | SOPHIA LEAR  INFORMANT ADDRESS   |
|        | (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.   | Mr. William U. Johnson 1949 W. Mulbeey   |
|        | IB. CAUSE O  |  |
|        | 4438   | ONSET AND DEATH  |
|        | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arterio   | sclerotic and Hypertensive   |
|        | (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,                                 | diovascular Disease  |
|        | injury or complication which coused death.)  |  |
|        | ANTECEDENT CAUSES  OBSERVED OF CONDITIONS IF ANY CHARGE  |  |
|        | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.                        |  |
|        | (C)  |  |
|        | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  | Electrical interpretation in the con-  |
|        |  |  |
|        | DISEASE OR CONDITION CAUSING IT.   | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED  |
|        | WAS PERFORMED  | NO IN CERTIFYING CAUSES OF DEATH?  |
|        |  | or obout 21C. WHERE DID (If in Bultimore City, give exact location)  |
|        | UTING CAUSE OF DEATH.  | e dag, INJURY OCCUR!   |
|        | 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED  | 21F. HOW DID INJURY OCCUR?   |
|        | OF INJURY (APPROX.) WHILE AT NOT WH WORK AT WOR  |  |
|        | 22.  |  |
|        |  |  |
|        | resulted from: Natural causes A Accident Suicide   | Homicide Undotermined monner CHIEF MEDICAL EXAMINER  |
|        | ACTUAL /11/8 h > C   | SSISTANT MEDICAL EXAMINER X  |
|        |  | SSOCIATE MEDICAL EXAMINER 9/11/67  |
|        | NAME (Type) Welliel U. Spitz, M.D.   |  |
|        | 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or C  | CREMATORY 23D. LOCATION (City, town, or county) (Stote)  |
|        | Burial 9-15-67 ARBUTUS MEMO  | ORIAL PK. BALTIMORE, MARYLAND  |
|        | 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR   | 24C. FUNERAL DIRECTOR ADDRESS  |
|        | Holseld C. Talley M.R.   | MORTON & DYETT F.H. 1701 Laurens St.   |
|        | VS 151-REV. 1/1/65   | 8745   |

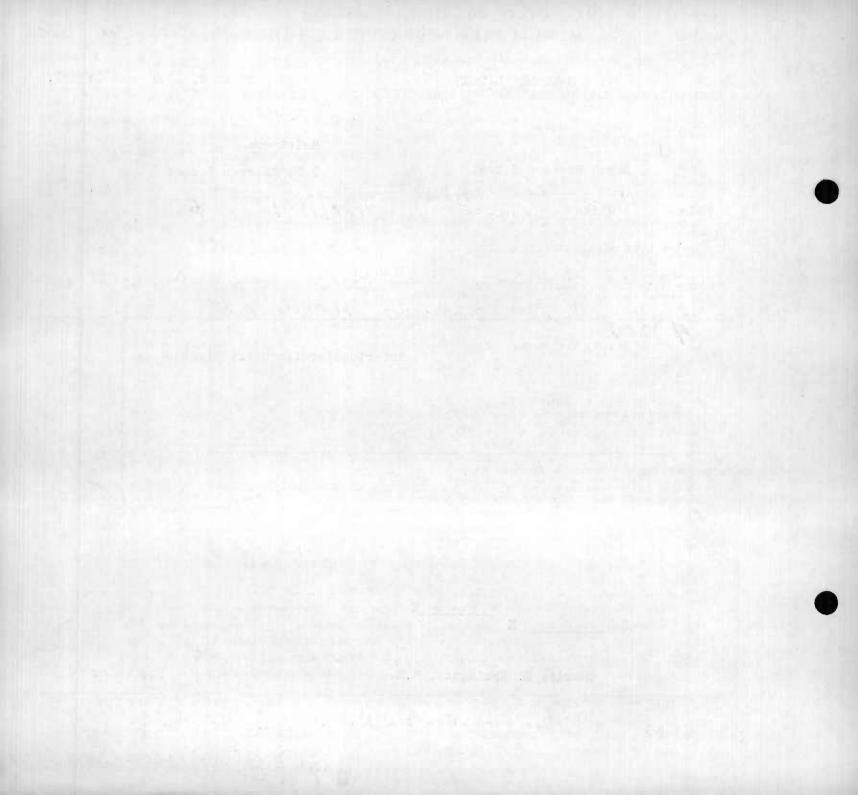
2/20/05/4

| 7-20<br>BIRTH NO.                             | 67   | 0.410.0  | TE OF DEATH   | Registered No                                | 67 8726  |  |
|---|--|--|---|--|--|--|
| M.E. CASE NO.  1. NAME OF DE  (Type or Print) | JAMES  | CORBET FOSS  | 2. DATE AN  | tember 10,                                   | 1967 6:30 P. <sub>N</sub>                                |  |
| 3. PLACE OF DE                                | ATH IN BALTIMORE, MA   |  |   | e deceased lived. Il inst                    | titution: residence before admission                     |  |
| HOSPITAL OR INSTITUTION                       | House in to 5837 Belai   | he Pines   | C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore - 21224  D. STREET ADDRESS (If rural, give location) |  |  |  |
|   |  |  | 504 S. S  |  | reet   |  |
| Male  | White  | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) W10Wer 108. KIND OF BUSINESS OR INDUSTRY | Feb. 7, 1894  | 73   | II Under 1 Yr. II Under 24 Hrs<br>Months Doys Hours Min. |  |
| one during most all<br>nginee:                | warking life, even if retired) r,food mach   |  | Baltimore,  | Maryland                                     | 12. CITIZEN OF WHAT COUNTRY?                             |  |
|   | John Foss  |  | 14. MOTHER'S MAIDEN NAM   | Rogers                                       |  |  |
|   | d Ever in U. S. Armed For<br>n) (II yes, give wor or dote  | s of sorvice) SECURITY NO.   | 17. INFORMANT  Yr. Clayton W. ]   | Foss - 682                                   | ADDRESS 21224<br>5 Eastbrook Ave                         |  |
| DISEA   | SE OR CONDITION DI   | RECTLY   | etrolitie Com   | -  | INTERVAL BETWEEN ONSET AND DEATH                         |  |
| other sign                                    | ANTECEDENT CAUSES OR CONDITIONS, if ie abave cause (A) G CONDITION lost.  IFICANT CONDITIONS CAUSEATH BUT NOT RELA CONDITION CAUSING I | any, giving sloling lhe (C)  | mome of the   | /  | - Ja.  |  |
|   | F OPERATION 198. CON<br>WAS PER  | DITION FOR WHICH OPERATION FORMED  | 20A. AUTOPSY? (Yes or No.   | 20B. IF YES, WERE FILL<br>IN CERTIFYING CAUS | NDINGS CONSIDERED<br>SES OF DEATH?                       |  |
| OR CONTRIB                                    | NT WAS UNDERLYING UTING CAUSE OF y medical examiner  | 21B PLACE OF INJURY (e.g., in home, form, foctory, stroet, of etc.)                            | or obout 21C. WHERE DID   | (II in Boltimoro                             | City, give exact location)                               |  |
| 21D. TIME<br>OF INJURY<br>(APPROX.)           | (Month) (Doy) (Year)   | (Hour) 21E. INJURY OCCURRED  While At Not While At Work  | 21F. HOW DID INJ  | URY OCCUR?                                   |  |  |
| that (I) (                                    | ) last saw the decease<br>d from the couses stat   | od alive an  | 91967 and the   |  | ian death accurred an the da                             |  |
| 23C. PHYSICI.<br>NAME (                       | ANS Albert 1   | Phy  | Director Director 4900 I  | Stolf Phys.   Belair Road                    | 9/11/67  |  |
| Buria   | (Specify)  | 7 First United ]   |   |  | Maryland ADDRESS   |  |
| SEF<br>\$ 150-REV. 1/1/                       | 12 1967 02   | ent E. Salleyma  | H. Sander   | Sons, Inc                                    | Balto., Md.  |  |

motivate Commen 17 Coreman I the Stewart 6 years April 9 63 Aller O leading 9/4/07

| (5-/            | 75   | BALTIMORE CITY   | HEALTH DEPARTMEN          | T   | 67 8727                                 |
|-----------------|--|--|---------------------------|---|---|
| BIRTH NO.       | 67   | 8727, CERTIFICA  | TE OF DEATH               | Registered No.  |   |
| M.E. CASE NO.   |  | OTAT, CERTIFICA  |                           | E AND HOUR OF DEATH   |   |
| Type or Print)  |  | U TIOVE CIRCON   |                           | EPT.9,1967  | , 20 /                                  |
| PLACE OF D      | DEATH IN BALTIMORE MA  | H LLOYD GIBSON   |                           |   | nstitution: residence before admission  |
| FULL NAME       | OF (If not in hospital   | or institution, give street  | A. STATE B. C. MARYLAND   | OUNTY   | istitution tostaglica balara adimession |
| HOSPITAL O      |  |  | C. CITY OR TOWN           | If outside city limits, wiita   | RURAL and give towaship)                |
| 0               | Gould Nur  |  | BALTIMOR                  | E 21213   | 8-00                                    |
| 90              | 6115 Bel   | air Road   | D. STREET ADDRESS         | (If rutal, give location)   |   |
|                 |  |  | 1539 Nor                  | th Broadway   |   |
| SEX             | 6. RACE  | If Under 1 Yr. If Under 24 Hrs. Manths! Days Haurs Min.  |                           |   |   |
| F               | W  | WIDOWED, DIVORCED (specify) Widow  | Jan.? 1877                | lost birthday)  |   |
|                 |  | 108. KIND OF BUSINESS OR INDUSTRE  |                           |   | 12. CITIZEN OF                          |
| Clei            | rk Retired A   | mer. Railroad Ex.  |                           | , Maryland  | USA                                     |
| FATHER'S N      |  |  | 14. MOTHER'S MAIDEN       |   |   |
|                 | Richard  | J. Bloxham   | Eliz                      | a J. Field  | 18                                      |
| . Was Deceas    | ed Ever ie Ur-S. Armed Fai   | ices? 16. SOCIAL   | 17. INFORMANT             |   | ADDRESS                                 |
| es, no ai unkno | Railroad<br>Number   | Retirement   |                           | llston Mary   |   |
|                 | Number   |  |                           | loxham 2301   | Harford Road                            |
| 18.42           | 2,/1   | CAUSE O  | F DEATH                   |   | ONSET AND DEATH                         |
| DISE            | ASE OF CONDITION DI  | RECTLY A-A   | . 1 +.                    | 1.  |   |
| ATL:            | LEADING TO DEATH   | (A) Wiles  | u scleratic ca            | rdio-rascular   | **************************************  |
| heart failur    | nal mean the made of<br>e, asthenia, etc. It means                   | dying, e.g., DUE TO  | ,                         |   |   |
| injuly at c     | amplication which coused   | death.)  |                           | d.  |   |
|                 | ANTECEDENT CAUSES  | (8)<br>DUE TO  |                           | Mouse   |   |
| DISEASES        | OR CONDITIONS, if  |  |                           |   |   |
| rise la         | the obave cause (A)  | · . ·  |                           | 0 x 0 0 x 0 0 0 0 0 0 x ga ax a a 0 0 x 0 x 0 x x x 0 0 x a 1 0 0 0 0 0 x 0 0 x |   |
| UNDERLYI        | NG CONDITION last.   |  |                           |   |   |
| TO THE          | II  SNIFICANT CONDITIONS CONDENT BUT NOT RELADER CONDITION CAUSING I | ATED TO THE ALA H.   | in lie - iti              | lan muliter   | min P                                   |
| 19A. DATE       | OF OPERATION 198. CON  | IDITION FOR WHICH OPERATION  | 20A. AUTOPSY? (Yas        | or No 208. IF YES, WERE   | FINDINGS CONSIDERED                     |
| 0               | WAS PER  | FORMED   | NO                        | IN CERTIFYING CA  | USES OF DEATH?                          |
| 19A. DATE       | DENT WAS UNDERLTING  | 21B. PLACE OF INJURT (e.g., i  | n at about 21 C. WHERE DI | D (If in Baltiman   | a City, give axact location)            |
|                 | IBUTING CAUSE OF tify modical examiner                               | hama, farm, factory, straet, of  | fice bldg., INJURY OCCU   | R?  |   |
| }               | (Manth) (Day) (Yaai)   | (Haur) 21E, INJURT OCCURRED  | 215 HOW DID               | INJURT OCCUR?   |   |
| OF INJURY       | (Main) (Day) (Taal)  | While At Mat While   |                           | INJURI OCCUR:   |   |
| (APPROX)        |  | Wark At Wark   |                           |   | . 4 7                                   |
| 22. I certi     | fy that (1) (this hospital   | l) attended the deceased from  | 1 buly                    | 19 64 to 9  | September 1967                          |
| that (I) (w     | allost saw the decease   | ed olive on 29 augus   | 1 1967 00                 | d that in (my) (and) ani  | nian death accurred on the de           |
|                 |  |  | ,                         |   | and death decorred on the de            |
|                 |  | ted obove. (1) (We) (did) (did not) v  | lew the body offer dec    | oth.  | OCA DATE CICNED                         |
| 23A. SIGNA      | 1 4/12   | M.D. Alto  | anding 🗊 Mad. 🗆           | Staff   | 23B, DATE SIGNED                        |
| 18              | toul I tary  | 2. Phy   | anding Mad. Diractor      | Phys.   | 9/11/67                                 |
| PSC. PHYSIC     | (Type)   |  | 23D. ADDRESS              |   |   |
|                 |  | arhaby M.D.  | 1531 Ea                   | st North Ave  | enue                                    |
| A. BURIAL C     | REMATION, 248. DATE  | 24C. NAME OF CEMETERY OF CRI   |                           |   | ity, tawn, at county) (State)           |
| Buris           | 9/12   | /67 Greenmount Co  | emeterv                   | Baltimore Ma  | arvland                                 |
|                 | D BT HEALTH DEPT.  | 25B. NAME OF REGISTRAR   | 25C. FUNERAL DIREC        | CTOR  | ADDRESS                                 |
| SET             | 12 1901 Och  | at E. Jankouth   |                           | nder & Sons   | Inc.                                    |
| S 150-REV. 1/   | 1/65   | 1 4 5 7 0 11   | Bal timor                 | e Maryland  |   |
|                 |  | The state of the s | 0 / 1                     | Q.  |   |

Witnes poliste rule monder When In James to Stoken and Brown - July 18 Karenal 4 = John H Pin sty



VS 151-REV. 1/1/65

## ALEDICAL EVALUATED'S CEDTIEICATE OF DEATHR

| BIRTH NO.   | ME   | DICAL E            | YAWIINEK 2            | LEKTIFICA  | IE OF D                                      | EAIH Registe                      | red No      |   |
|---|--|--------------------|-----------------------|--|--|-----------------------------------|-------------|---|
| M.E. CASE NO.   |  |                    |                       |  |  |                                   |             |   |
| 1. NAME OF DI   | ECEASED  |                    |                       |  |  | HOUR PRONOUNCE                    |             |   |
|   | A  | LONZA BU           |                       | September 6, 1967 10:00 P.  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission B. COUNTY |  |                                   |             |   |
| 3. PLACE IN BA  | LTIMORE, MARYLAND,   | WHERE PRONC        | UNCED DEAD            | 4. USUAL RESIL   | DENCE (Where de                              | eceosed lived. If insti<br>B. COU | NTY         | dence before admission                      |
| FULL NAME OF  | (IF NOT IN HOS   | PITAL OR INSTI     | TUTION, GIVE STREET   | M  | aryland                                      |                                   |             | 7-0   |
| HOSPITAL OR   | ADDRESS OR LO  | CATION)            |                       | C. CITY OR TO  | WN (If outside                               | corporate limits, write           | RURAL       | nd gi∜e township)                           |
| (1)   |  |                    |                       | В  | altimore                                     |                                   |             |   |
| 61  | O Dowlessorth  | Arranica           |                       | 1  | ORESS (If rurol, g                           |                                   |             |   |
|   | 9 Parkwyrth  | Avenue             |                       |  |  | rth Avenue                        | :           |   |
| 5. SEX  | 6. RACE  | 7. MARRIED         | DIVORCED (specify)    | B. DATE OF BIR   | тн   | 9. AGE (In years lost birthday)   | Months.     | r 1 Yr, If Under 24 H<br>Doys , Hours , Min |
| Male  | White  |                    |                       | May I6.  | 1921   | 46                                |             | 00/3  |
| IOA. USUAL OC   | CUPATION (Give kind of v   | work 108. KIND     | S 10.61.9 OR INDUST   | RY 11. BIRTHPLACE  | (Stale or foreign                            | country)                          | 12. CITIZ   | EN OF                                       |
| _   | f working life, even if retire   |                    |                       |  |  |                                   | WHA         | TI S.                                       |
| 13. FATHER P NA   | Mor  | Bethle             | shem Steel Co         | 14. MOTHER'S   | MAIDEN NAME                                  |                                   | .1          | U. De                                       |
| Tibes of  | - U D  |                    |                       | Eva Con  | rdel l                                       |                                   |             |   |
|   | Y H. Burrell<br>SED EVER IN U.S. ARM   | ED FORCES?         | 16, SO CIAL           | 17. INFORMANT  |  |                                   | ADDRESS     | 5   |
| (Yes, no or unknow  | vn) (If yes, give wor or d   | lotes of service)  | SECURITY NO,          |  |  |                                   |             |   |
| Yes   | World War  | 11                 |                       |  | uneral Hn                                    | e. Elbert                         | on, G       | A.  |
| 1B.   | 16.0   |                    | CAUS                  | SE OF DEATH  |  |                                   |             | INTERVAL BETWEEN                            |
| DISE  | ASE OR CONDITION   | DIRECTLY           |                       |  |  |                                   | 1           |   |
| (This door  | LEADING TO DEA   |                    | (A) Asj               | phyxia   | b = 6 = 70 0 0 0 = = = 0 0 0 0 0 0 0 0 0 0 0 | *************************         |             |   |
| heort foilur  | not meon the mode<br>re, osthenio, etc. It me<br>complication which cause  | ons the disease    | DUE TO                |  |  |                                   |             |   |
| (0.)  |  |                    |                       |  |  |                                   |             |   |
| DISC A SE   | ANTECEDENT CAU   | SES                |                       | rbon monox   | ide  |                                   |             |   |
| RISE TO T   | OR CONDITIONS, IF  | STATING THE        | DUE TO                |  |  |                                   |             |   |
|   | ING CONDITION LAS  | iT,                | (C) CO1               | nflagratio   | n  |                                   |             |   |
| <u> </u>  |  |                    | 10/                   |  |  |                                   |             |   |
| OTHER SIGNATE OF THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE OF THE | II GNIFICANT CONDITION   | NS CONTRIBUT       | ING                   |  |  |                                   | -1-         | 367   |
| TO THE  | DEATH BUT NOT  | RELATED TO         |                       |  |  |                                   |             |   |
| 19A. DATE C   | Application of the Control of the Co |                    | WHICH OPERATION       | 20A. AUTOPS  | Y? (Yes or No)  20                           | B. IF YES, WERE FIR               | NDINGS C    | ONSIDERED                                   |
| 8   | WAS P  | PERFORMED          |                       | NO   | 11   | CERTIFYING CAUS                   | SES OF DE   | ATH?  |
| ZIA. EXTERN   | AL CAUSE WAS   | 21 B               | PLACE OF INJURY (e.g. |  | WHERE DID (If                                | in Boltimore City, gi             | ve exect le | ocotion)                                    |
| VING CA   | USE OF DEATH.  | hom<br>etc.        | house                 | office bldg., INJUR  |  | kwyrth Aver                       |             | 9-01  |
| E 21D TIME  | (Month) (Doy) (Y   | (eor) (Hour)       | 21E INJURY OCCURRED   | 215 H  | OW DID INJUR                                 |                                   |             | /   |
| OF INJURY<br>(APPROX.)  |  |                    |                       |  |  |                                   | 4.77        |   |
|   | 9-6-67 8:5   | 9 P. <sub>m.</sub> | WHILE AT NOT          | WHILE X F  | ound in                                      | ourning apa                       | irtmen      | ı C   |
| 22, I ce  | ertify that I held on  | Inquiry 🗌          | Inspection X A        | utopsy   | nd that on this                              | bosis, deoth in m                 | v oplnle    | n   |
|   | ulted from: Notural  |                    | -67                   | de Homic   |  | determined manne                  |             |   |
| 1850  | A LOUGH  | 7                  | Accidental 30161      |  |  |                                   |             |   |
| ACTU  | AL ( )   | 1 1                | 1                     |  | MEDICAL EXA                                  |                                   |             | DATE SIGNED                                 |
| SIGNA   | TURE May   | - J. O             | M.                    | D. ASSISTANT A   |  |                                   |             |   |
| NAME  | (Type)   | les S. Si          | oringate, M.D         | ASSOCIATE I  | MEDICAL EXA                                  |                                   |             | ber 7, 1967                                 |
| 23A. BURHAL CR  | REMATION, 238. DATE  | / 2                | 3C. NAME of CEMETERY  | or CREMATORY   | 23D. LO                                      | CATION (City,                     | town, or    | county) (Stole)                             |
| REMOVAL (Spec   | Burial 9 /   | P0/17              | D                     | ) (1)  | an F   | 1xopta                            | 200         | GERDAI                                      |

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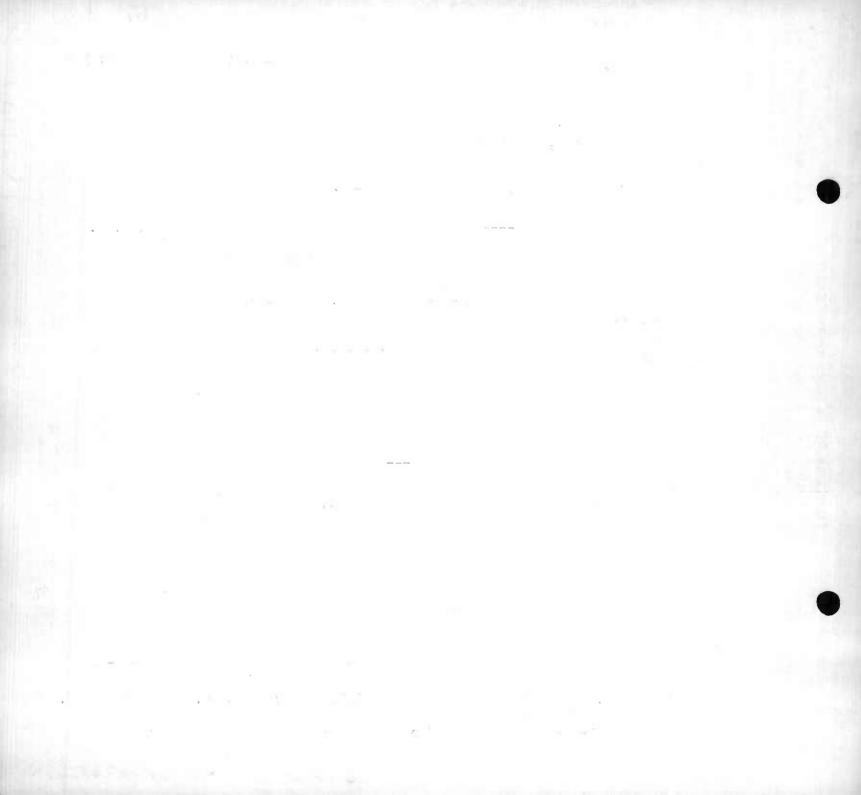
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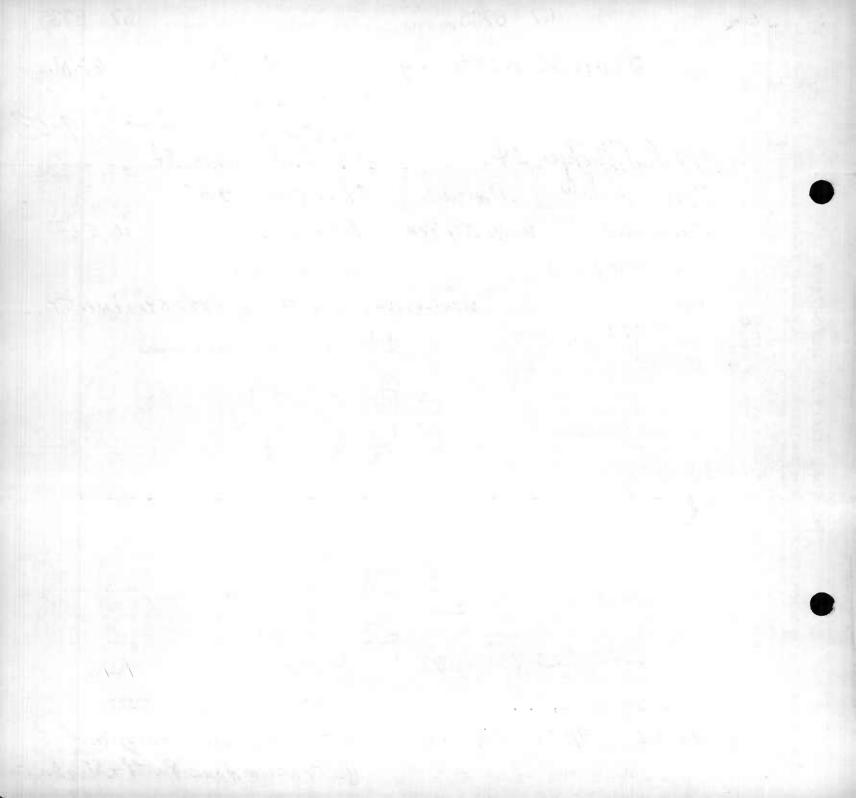
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BALTIMORE CITY HEALTH DEPARTMENT

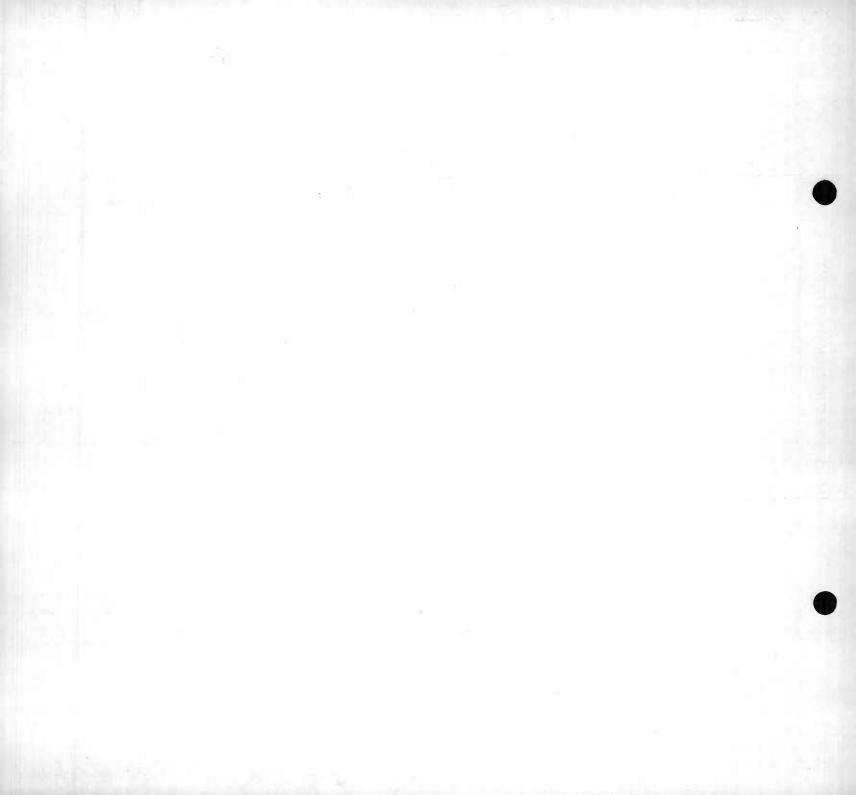
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| Sadie Emmic                          |  | · <del>-</del>   |  |  |   |  |
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|                                      |  |  |  |  | ND HOUR OF DEAT   |  |
| FATH IN RALTIMORE AND                |  | S  |  |  | 5-67  | 1:45 P   |
| OF (If not in hospital               |  | give street  | A. STATE Marylane  | B. COU   | ere deceosed lived. If<br>NTY   | institution: residence befare odmission  |
| address or location                  | )  |  | C. CITY OR TOW   | VN (If ou  | stside city limits, write   | RURAL ond give township)   |
| 4016 West 0                          | arriso   | n Avenue   |  |  |   |  |
| Baltimo re,                          | Maryla   | nd 21215   |  |  |   |  |
|                                      |  |  | 1  |  |   | 18   |
| white                                | MIGOME   | D, DIVORCED (specify)  | 7-28-187   | 0  | 97  | If Under 1 Yr. If Under 24 Hr<br>Months Doys Hours Min.  |
|                                      | 10B, KIND O  | F BUSINESS OR INDUSTRY   | 11. BIRTHPLACE   | Stote or fore  | eign country)   | 12. CITIZEN OF WHAT COUNTRY?   |
|                                      |  |  | Baltimo  | re Con   | ntv   | U. S. A.   |
| ME                                   |  |  |  |  |   | 0.00.20  |
| exander Marsh                        |  |  | Rachel   | Ann O  | sborn   |  |
| d Ever in U. S. Armed Form           | s of service)  | SECURITY NO.   | 17. INFORMANT  |  |   | ADDRESS  |
|                                      |  |  | Mrs. Ma:   | rv E.  | Bright  | same   |
| 2./1                                 |  |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
|                                      | ECTLY  |  | CATA   |  |   |  |
|                                      | dying, e.g.,   | (A) A •  | D.U.V.D.   | ******   | *********   | 5 years  |
| , asthenia, etc. It means            | the disease,   |  |  |  |   |  |
|                                      | dodiii.  | (R)  |  |  |   |  |
|                                      |  |  |  |  |   |  |
| ne abave cause (A) G CONDITION last. | slating the  |  |  | ~~~~~~~~~~   |   |  |
| DEATH BUT NOT RELA                   | TED TO TH  | G ===  |  |  |   |  |
| F OPERATION 198. CON                 | DITION FOR   | WHICH OPERATION  |  | ? (Yes or N  | O) 20B. IF YES, WER   | E FINDINGS CONSIDERED AUSES OF DEATH?  |
| ENT WAS UNDERLYING DUTING CAUSE OF   | hon  | ne, form, foctory, street, o   | n or obout 21C. WH<br>ffice bldg., INJURY  | ERE DID<br>OCCUR?  | (If in Boltim   | ore City, give exact location)   |
| (Month) (Doy) (Year)                 | (Hour) 21E   | . INJURY OCCURRED  | 21F. HO  | W DID IN   | JURY OCCUR?   |  |
|                                      |  |  |  |  |   |  |
|                                      |  |  |  |  | 60  | To the second  |
|                                      |  |  | /_   |  | 19 00 to Aug  | gust 19 67   |
| ) lost saw the decease               | d alive an   | August 20  | 1967   | ond tl   | hot in (my) (our) o   | pinion death occurred on the d   |
| nd from the couses stat              | ed obave. (  | l) (We) (did) (did not) v  | view the body af   | ter death.   |   |  |
| URE                                  |  |  |  |  |   | 23B, DATE SIGNED   |
| le- n. W.11                          | lams   | M.D. Atte  |  | ed.  | Stoff   | 8-25-67  |
| ANS                                  | recom  |  |  | iecioi 🗀   | r 11y 3.  |  |
| Type)                                | ma   |  |  | 4 a + a  | town Da 1   | Diles and 77 - 1/4 - 07 0  |
|                                      |  |  |  |  |   | Pikesville, Md. 212  |
| (Specify)                            |  |  |  |  |   | City, town, or county) (Stole)   |
| 8-28-67                              | Pl   | easent Grave C   | emetery  | Up   | perco Ma  | aryland  |
| SED 1 2 1067                         | 2SB. NAME  | OF REGISTRAR   | 2SC. FUNERAL   | DIRECTO  | 1/201   | ADDRESS  |
| /6S.                                 | A302 A   |  | THAN   | N >15  | JUNY  | - 11 LKOWELLE  |
|                                      | Baltimo re,  6. RACE White  UPATION (Give kind of work of working life, even if retired)  ife  ME  EXAMORY MARSh  d Ever in U. S. Armed Formin) (Iff yes, give wor of dote)  LEADING TO DEATH not mean to made of asthenia, etc. II means implication which caused ANTECEDENT CAUSES  OR CONDITIONS, if a cashenia, etc. II means in the made of asthenia, etc. II means in the made of asthenia, etc. II means in the made of asthenia, etc. II means in the caused (A) is a condition to a casheng in the condition of the conditi | Baltimore, Marylad  6. RACE White White  CUPATION (Give kind of work 108, KIND Of working life, even if refired)  ife  ME  EXANDER MARSH  d Ever in U. S. Armed Forces?  (If yes, give wor of dotes of service)  ASE OR CONDITION DIRECTLY LEADING TO DEATH  nal mean lhe made of dying, e.g., asthenia, elc. Il means the disease, mplicalian which caused death.)  ANTECEDENT CAUSES  OR CONDITIONS, if any, giving ne abave cause (A) staling the GONDITION last.  II  IIIICANT CONDITIONS CONTRIBUTING CONDITION CAUSING IT.  FOPERATION 198. CONDITION FOR WAS PERFORMED  ENT WAS UNDERLYING hor was PERFORMED  ENT WAS UNDERLYING hor was PERFORMED  (Month) (Doy) (Yeor) (Hour) 21E will work was the deceased alive an and from the couses stoted obave. (URE  WILLIAMS  EMATION, 248. DATE (Specify) 8-28-67 P1 | white widowed supposed (specify) widowed (specif | Baltimore, Maryland 21215  6. RACE White White White Whower, Divorced (specify) Whothing life, even if reflired)  1. BIRTHPLACE (Parking life, even if reflired)  When the condition of the property of the pr | Baltimore Baltimore, Maryland 21215    Conditions   Maryland 21215   Marked | Baltimore   Maryland 21215   D. STREET ADDRESS   (II rovol, give locotion)   4016 West Garrison Avenu   4016 West Garrison Aven |





|                        | ME OF DEC  | Josep  | h F  | Sparzak  |  | 2. DATE<br>Se   | pt 10,4967  | 11:30  |
|------------------------|--|--|--|--|--|---|---|--|
| 3. PL/                 | ACE OF DEA   | ATH IN BALTIM  | ORE, MARY  | LAND   | 4. USUAL RES   | B. CO   | here deceased lived. If I                         | institution: residence before ad                               |
|                        | LL NAME O  |  | n hospital ar  | institution, give street   | Md.  | NAME OF   |   | BIND AL  |
|                        | STITUTION  | 1728 Be  |  |  |  |   |   | RURAL ond give twenship  |
| (                      | 00   | 7/20 De  | 3TO DO   |  | Baltimore D. STREET ADDRESS (If rurol, give locotion) 1728 Belt St   |   |   | 6/1/   |
| 5. SEX                 | ale  | 6. RACE  | 7.   | MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)   | B. DATE OF BI  |   | 9. AGE (In years<br>last birthday)                | If Under 1 Yr. If Under<br>Months Doys Hours                   |
| 10A. U                 | SUAL OCC   |  |  | B. KIND OF BUSINESS OR INDUSTR   |  |   |   | 12. CITIZEN OF<br>WHAT COUNTRY?                                |
| b enot                 | Juring most of t   | working life, even   | if relifed)  |  | Pol  | and   |   | USA  |
| 13. FA                 | THER'S NAM   | ME   |  | -  | 14. MOTHERS  | MAIDEN N  | IAME  |  |
|                        |  |  | UNK  |  |  | U   | NK  |  |
| 15. Wα<br>(Yes, π      | os Deceased  | Ever in U. S. /  | Armed Force  | of service) 1 6. SOCIAL<br>SECURITY NO.  | 17. INFORMAN   | T   |   | ADDRESS  |
|                        | No   |  |  |  | Fami   | ly  |   | Same   |
| 18                     | 1/2  | 0:11   |  | CAUSE  | OF DEATH   |   |   | INTERVAL BETWE   |
| l u                    | INDERLYING   | G CONDITION  | lasi.  |  |  |   |   |  |
| z C                    | ATHER GONI   | II COND  | UTIONS CO  | NTOIRLITING  |  |   |   |  |
| ATIC                   | TO THE D   | IFICANT COND<br>EATH BUT N<br>CONDITION C  | OT RELATI  | ED TO THE  | 20A. AUTOE   | SV7 (Yes or   | No. 208 IF YES WEDE                               | F FINDINGS CONSIDERED  |
| JERTIFIC 11            | O THE D<br>DISEASE OR<br>PA. DATE OF   | CONDITION C  | NOT RELATI<br>AUSING IT.<br>198. CONDI<br>WAS PERFO  | TION FOR WHICH OPERATION   |  |   |   | E FINDINGS CONSIDERED AUSES OF DEATH?                          |
| CAL CERTIFIC           | TO THE DISEASE OR PA. DATE OF  | CONDITION C  | NOT RELATION TO THE AUSING IT.  198. CONDINATE OF THE AUSING THE A | TION FOR WHICH OPERATION   |  |   |   | E FINDINGS CONSIDERED<br>AUSES OF DEATH?                       |
| AEDICAL CERTIFIC       | TO THE D<br>DISEASE OR<br>PA. DATE OF<br>TA. ACCIDEN<br>OR CONTRIBL<br>DEATH (notify   | CONDITION C F OPERATION  NT WAS UNDE   | NOT RELATI<br>AUSING 1T.<br>198. CONDI<br>WAS PERFO<br>ERLYING<br>E OF   | TION FOR WHICH OPERATION RMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not Wh  | in ar about 21 C. V<br>office bldg., INJU  | WHERE DID<br>RY OCCUR?                                      |   |  |
| MEDICAL CERTIFIC       | TO THE D<br>DISEASE OR<br>PA. DATE OF<br>TA. ACCIDER<br>R CONTRIBL<br>DEATH (notify<br>TD. TIME<br>DF INJURY<br>APPROX.)   | DEATH BUT N<br>CONDITION C<br>FOPERATION  NT WAS UNDE<br>UTING CAUS<br>/ medical exami   | NOT RELATIAL SING IT.  198. CONDI WAS PERFO  RLYING E OF   ner)  (Yeor)  | TION FOR WHICH OPERATION RMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Wh Not Work  | in or about 21 C. Voffice bldg., INJUI   | WHERE DID<br>RY OCCUR?                                      | (If in Boltimo                                    | ore City, give exact location)                                 |
| MEDICAL CERTIFIC       | TO THE D<br>DISEASE OR<br>PA. DATE OF<br>DIA. ACCIDE<br>DEATH (notify<br>1D. TIME<br>F INJURY<br>APPROX.)  | PEATH BUT NO CONDITION C FOPERATION  NT WAS UNDE UTING CAUS Medicol exomit  (Manth) (Dog   | NOT RELATIAUSING IT. 198. CONDI WAS PERFO  RLYING  E OF ner)  (Yeor)   | TION FOR WHICH OPERATION RMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At  | in or about 21 C. V. office bldg., INJUI   | WHERE DID   | NJURY OCCUR?                                      | ore City, give exact location)                                 |
| MEDICAL CERTIFIC       | TO THE D<br>DISEASE OR<br>PA. DATE OF<br>DIA. ACCIDE<br>PORT CONTRIBL<br>DEATH (notify<br>TD. TIME<br>OF INJURY<br>APPROX.)<br>2. I certify<br>that (I) (we)   | PEATH BUT N CONDITION C FOPERATION  NT WAS UNDE UTING CAUS Medical exami (Manth) (Dog Thot (I) (this.  | NOT RELATIALISMS IT. 198. CONDI WAS PERFO  RLYING  E OF ner)  (Yeor)  hospital)  | TION FOR WHICH OPERATION RMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not Whork  attended the deceased from alive an Alivery of the control of the contro | in or about 21 C. 1 Office bldg., INJUI  | WHERE DID<br>RY OCCUR?<br>HOW DID I                         | NJURY OCCUR?                                      | ore City, give exact location)                                 |
| MEDICAL CERTIFIC       | TO THE D<br>DISEASE OR<br>PA. DATE OF<br>DIA. ACCIDE<br>PORT CONTRIBL<br>DEATH (notify<br>TD. TIME<br>OF INJURY<br>APPROX.)<br>2. I certify<br>that (I) (we)   | DEATH BUT NO CONDITION C FOPERATION  NT WAS UNDER UTING CAUS  Medical examination (Month) (Dogon that (I) (this.)  I that (I) (this.)  | NOT RELATIALISMS IT. 198. CONDI WAS PERFO  RLYING  E OF ner)  (Yeor)  hospital)  | TION FOR WHICH OPERATION RMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Whork  attended the deceased from additional obove. (I) (We). (did) (did not)  | in ar about 21 C. \ office bldg., INJU 21 F. F.   ile   19   | WHERE DID<br>RY OCCUR?<br>HOW DID I                         | NJURY OCCUR?                                      | ore City, give exact locotion)                                 |
| MEDICAL CERTIFIC       | TO THE D DISEASE OR PA. DATE OF  TA. ACCIDED R CONTRIBL EATH (notify  1D. TIME APPROX.)  2. I certify that (I) (we) and hour and 3A. SIGNATU   | NT WAS UNDE UTING CAUSE (Manth) (Dog that (I) (this.) last saw the defendance of the cause of th | NOT RELATIALISMS IT. 198. CONDI WAS PERFO  RLYING  E OF ner)  (Yeor)  hospital)  | TION FOR WHICH OPERATION RMED  21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21 E. INJURY OCCURRED  While At  Not Who At Work  attended the deceased from alive an  At Work  d obave. (I) (We) (did) (did not)  | in or about 21 C. North Control of the bidg., INJUI  | WHERE DID<br>RY OCCUR?<br>HOW DID I                         | NJURY OCCUR?                                      | Ore City, give exact location)  19  pinlon death accurred an t |
| MEDICAL CERTIFIC       | TO THE D<br>DISEASE OR<br>PA. DATE OF<br>DIA. ACCIDER<br>R CONTRIBL<br>DEATH (notify<br>1D. TIME<br>OF INJURY<br>APPROX.)<br>2. I certify<br>hat (I) (we)  | NT WAS UNDE UTING CAUSE (Manth) (Dog that (I) (this.) last saw the defendance of the cause of th | NOT RELATIALISMS IT. 198. CONDI WAS PERFO  RLYING  E OF ner)  (Yeor)  hospital)  | TION FOR WHICH OPERATION RMED  21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21 E. INJURY OCCURRED  While At  Not Who At Work  attended the deceased from alive an  At Work  d obave. (I) (We) (did) (did not)  | in or about 21 C. Yoffice bldg., INJUI   | WHERE DID RY OCCUR?  HOW DID  and after deat  Med. Director | NJURY OCCUR?  19 (Le to                           | Ore City, give exact location)  19  pinlon death accurred an t |
| WEDICAL CRAINING (1/2) | TO THE D DISEASE OR PA. DATE OF PA. DATE P | NT WAS UNDE UTING CAUS, medical examination, 10 the Cause of Cause | NOT RELATIAL SING IT. 198. CONDI 198. CONDI 198. CONDI WAS PERFO  RLYING  E OF ner)  (Yeor)  hospitol)  deceased uses state  P.  | TION FOR WHICH OPERATION RMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Whork  attended the deceased from attended the deceased from dobave. (I) (We) (did) (did not)  WRLOCK M.D.  24C. NAME of CEMETERY of C   | in or obout 21 C. Vieffice bldg., INJUI  21 F. File  19  view the body  tending  23 D. ADDRESS   | WHERE DID IN OCCUR?  HOW DID I                              | INJURY OCCUR?  19 (Le to                          | Ore City, give exact location)  19  pinlon death accurred an t |
| 22 23 23 24A. 1        | TO THE D DISEASE OR PALDATE OF  TALACCIDE OR CONTRIBL DEATH (notify  TD. TIME OF INJURY APPROX.)  2. I certify hat (I) (wa) and hour and BURIAL CRE REMOVAL (S BURIAL CRE  | NT WAS UNDE UTING CAUS, medical examination, 10 the Cause of Cause | NOT RELATIALISMS IT. 198. CONDIWAS PERFO  RLYING  RLYING  RLYING  Accepted   | TION FOR WHICH OPERATION RMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Whork  attended the deceased from attended the deceased from dobave. (I) (We) (did) (did not)  WRLOCK M.D.  24C. NAME of CEMETERY of C   | in or about 21 C. Injury 21 F. File 21 F. File 21 F. File 22 F. Fi | WHERE DID IN OCCUR?  HOW DID I                              | that in (my) (our) of Phys.  Location (Baltimore) | pinion death accurred an to 238, DATE SIGNED  9/11/67          |



VS 150-REV. 1/1/65

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SEPT. 11 SEPTEMBER 5 57 SEPTEMBER III X NO.

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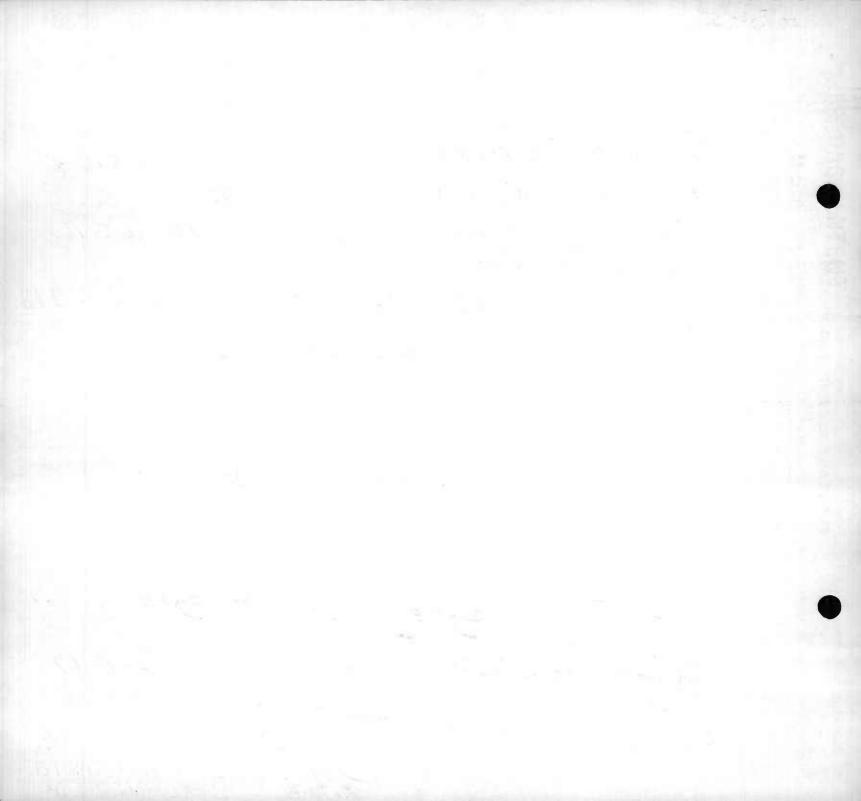
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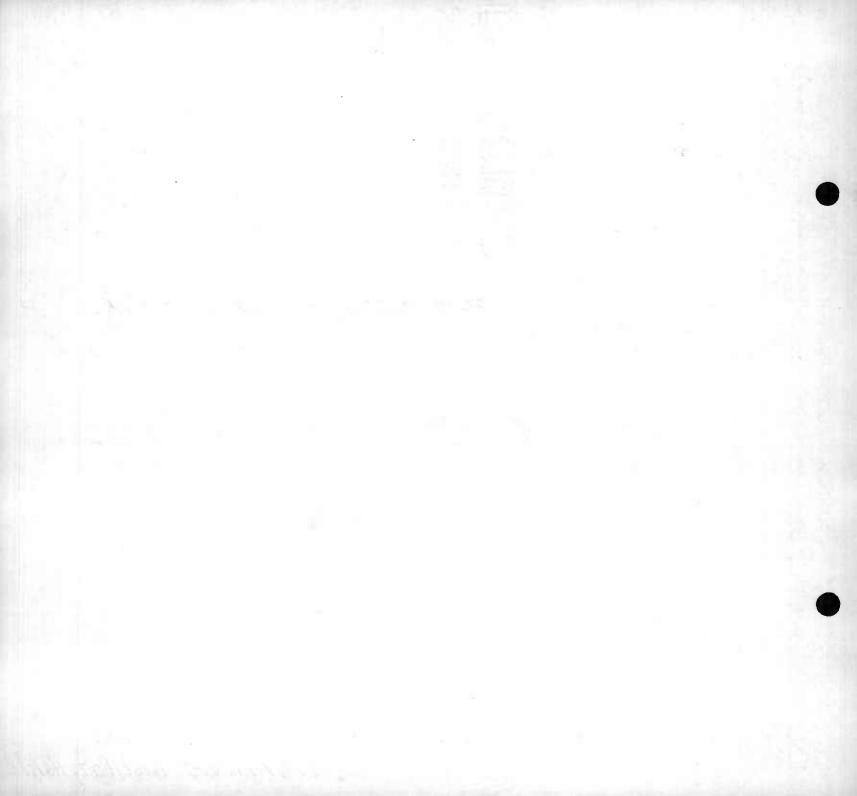
Rdags

Daniel Bridge

| 2 -  | CM Origin  | )   | HEALTH DEPARTMEN  |  | ON                     | OPTOO  |
|--|--|---|---|--|------------------------|--|
| M.E. CASE NO.                              | 67 8738  | CERTIFICA   | TE OF DEAT  | H Registered Na.   | 0/                     | 8739   |
| 1. NAME OF DECEASED                        | moon went  | 15-1040   | 2. DA1  | TE AND HOUR OF DEATH                                     |                        | 7770   |
| 3. PLACE OF DEATH II                       | BALTIMORE MARYLAND   | ENBURG  | 14. USUAL RESIDENCE   | (Where deceased lived. If in                             | stitution: resid       | dence before admission                               |
|  |  |   | A. STATE MODIL  | LOOLA  |                        | 701100 001010 001111311011                           |
| FULL NAME OF<br>HOSPITAL OR<br>INSTITUTION | (If not in hospital or institution, give<br>address or location) |   | C. CITY OR TOWN   | (If outside city limits, write                           | RURAL ond g            | ive township)  |
| SHONE 61                                   | REEN NURSING   | HOME  | BAK   | TIMORE   |                        | 26-01  |
| 115 W.                                     | MELROSE AVE  | ENUE  | 5926 6  | REFNHILL   | AVFN                   | 111=   |
| 5. SEX 6. RA                               | 7. MARRIED, N<br>WIDOWED,<br>W/DOC                               | DIVORCED (specify)                                | B. DATE OF BIRTH  | 9. AGE (In years lost birthday)                          | If Under 1<br>Months D | Yr. If Under 24 Hrs.<br>oys Hours Min.               |
| toh, USUAL OCCUPATI                        | ON (Give kind of work 10B, KIND OF BI                            | UŠINESS OR INDUSTRY                               | 11. BIRTHPLACE (Stote of  | r loreign country)                                       | 12. CITIZEN            | N OF<br>COUNTRY?                                     |
| HT HOM                                     | E Non  | UE  | BALTIMORE   | WARYLAND   | 11.                    | 5 R.   |
| 13. FATHER'S NAME                          | 1 SWANZIE  |   | 14. MOTHER'S MAIDEN   | NAME   |                        |  |
| 15. Was Deceased Ever                      | in U. S. Armed Forces?   | 6. SOCIAL   | 17. INFORMANT   | , , , ,  | A                      | DDRESS)  |
| No   | s, give wor or doles of service                                  | 13-50-72141                                       | AELSIE TH   | IRLKEL 59%   | 6 6RI                  | ENHILL RO  |
| 18422.1                                    | 41170X   | CAUSE O   |   |  |                        | TERVAL BETWEEN                                       |
|  | CONDITION DIRECTLY<br>DING TO DEATH                              | Cat   | 1 Desti-  | C. UD  |                        |  |
|  | ean the made of dying, e.g.,<br>nia, etc. It means the disease,  | DUE TO  |   |  |                        | *****************************                        |
|  | ian which caused death.) CEDENT CAUSES                           | (B)   |   |  |                        |  |
|  | ONDITIONS, if ony, giving  | DUE TO  | 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - | .hm v.0 (mgagan, mmagagagagagagagagagagagagagagagagagaga |                        | # ## # # # # # # # # # # # # # # # # #               |
|  | ave cause (A) stating the  | (C)   |   | ***************************************                  |                        | /Annaha = == = = 0.00000 == +0.00000 = +0.0000000000 |
| OTHER SIGNIFICAN                           | II AT CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE             | <u> </u>  | 10.00   | C  |                        |  |
| DISEASE OR CONE                            | DITION CAUSING IT.   | ICH OPERATION                                     | 20A. AUTORS ? (Yes  | Nol 208 IF YES WERE                                      | FINDINGS CO            | ONSIDEBED  |
| 19A. DATE OF OPER                          | WAS PERFORMED  | TOTAL OF EXAMPLE                                  | NO  | or No. 208. IF YES, WERE IN CERTIFYING CA                | USES OF DE             | ATH?   |
| OR CONTRIBUTING DEATH (notify medic        | AS UNDERLYING 21B, PL CAUSE OF hame, col exominer) etc.)         | ACE OF INJURY (e.g., in form, foctory, street, al | n or obout 21C. WHERE D   | ND (If in Boltiman                                       | e City, give e         | (xoct locotion)                                      |
|  | th) (Doy) (Year) (Hour) 21E IN                                   | IJURY OCCURRED                                    |   | D INJURY OCCUR?  |                        |  |
| (APPROX)                                   | While<br>Work  | At Work   | e 🗌   | 6.6  |                        |  |
|  | (I) (shis hospital) attended the                                 | - RI  |   | 1966 to Sep  | 19                     | 196)   |
|  | saw the deceased alive an  | V   |   | nd that in (my) (evr) api                                | nian death             | accurred an the da                                   |
| 23A. SIGNATURE                             | the causes stated abave. (I) (                                   |   |   | ath.   | 23B, DATE              | SIGNED   |
| 1  | - Home K   | M.D. After  | ending Med. Director  | Stoff Phys.  | 6-                     | 11-67  |
| 23 C. PHYSICIAN'S<br>NAME (Type)           | 1/201011 1111  |   | 23D. ADDRESS  | COLACD   | BINK                   | 1. On 1=   |
| 24A. BURIAL CREMATIC                       | HEIVRY J. HEI  | M.D.  | 4766 E  | 4D. LOCATION (C  | ly, town, or o         | county) (Stote)                                      |
| REMOVAL (Specify                           | 9-12-67 Pl   | FAGDNII I   | SPOKE !   | DESCEP Red 1   | BORI                   | NG Md  |
| 25A, DATE REC'D BY H                       | C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2                          | REGISTRAR   | 2SC, FUNERAL DIRE   | CTOR   | 21101                  | ADDRESS R  |
|  | EP 1 8 1967 R. Busy  | Gu Scholent                                       | WIFITH  | 12KO5.1NC  | 11/01                  | SELHIK Md.   |
| VS 150-REV. 1/1/65                         |  |   | 71706   | IJAKTO   | ). II\H/I              | CLUHAYD  |



| OF   |                                | Y HEALTH DEPARTMENT            |   | 67 8740                                 |
|--|--------------------------------|--------------------------------|---|---|
| BIRTH NO.  | 8740 CERTIFICA                 | TE OF DEATH                    | Registered Na.                          | 07 0740                                 |
| M.E. CASE NO.                                      |                                | 2 DATE AN                      | D HOUR OF DEATH                         |   |
| Type or Print)                                     | Da / 22 7                      | Z. DATE AIN                    | 9-11-67                                 | 7,20P                                   |
| PLACE OF DEATH IN BALTIMORE MARYLAN                | Midee J                        | 4. USUAL RESIDENCE (When       |   | nstitution: residence before admission) |
|  | 160                            | A. STATE 8. COUN               | TY 1                                    |   |
| FULL NAME OF (If not in hospital or inst           | itulion, give street           | Maryla                         | na.                                     |   |
| HOSPITAL OR oddress or location)                   | 21                             | C. CITY OR TOWN (If out        | side city limits, write                 | RURAL ond give township                 |
| Bon Seco   | desp                           | Baltimo                        | re                                      | 21210/6-01                              |
| 34 DON NECO  | us my.                         | D. STREET ADDRESS (IF          | rural, give location)                   | 01                                      |
|  | C-3, LG                        | 220 Stone                      | ey Ford                                 | 18d. STONEYDARD                         |
|  | ARRIED, NEVER MARRIED          | 8. DATE OF BIRTH               | 9! AGE (In yours                        | If Under 1 Yr. , If Under 24 Hrs.       |
| m $(1)$  | DOWED, DIVORCED (specify)      | 7-12-02                        | lost birthday)                          | Months Doys Hours Min.                  |
| A. USUAL OCCUPATION (Give kind of work 10B, K      | IND OF RUSINESS OR INDUSTRY    | 11. BIRTHPLACE (State or fore) | on country)                             | 12. CITIZEN OF                          |
| ne during most of wasking life, even if retired)   |                                | 31 11                          | 4.4                                     | WHAT COUNTRY?                           |
| Physician  |                                | New York                       |   | 11.S.A.                                 |
| FATHER'S NAME                                      |                                | 14. MOTHER'S MAIDEN NAM        | ME                                      |   |
| Genros Valon                                       | ck                             | Conn.                          | 21                                      |   |
| Wos Deceased Ever in U. S. Armed Forces?           | 1 6. SOCIAL                    | JENNIE 17. INFORMANT           |   | ADDRESS                                 |
| es, no or unknown) (If yes, give wor or dates of s | ervice) SECURITY NO.           |                                | 111                                     | * · O                                   |
| No   | 220-4-6955                     | - William G.                   | VoleNick -                              | -7219(1000cm/10                         |
| 18. / 3 4 /  | CAUSE C                        | F DEATH                        |   | INTERVAL BETWEEN                        |
| DISEASE OR CONDITION DIRECTL                       | Y                              |                                |   | ONSET AND DEATH                         |
| LEADING TO DEATH                                   | Con                            | gestiveheart                   | failus o                                | montho                                  |
| (This does not mean the made al dying              | , e.g., DUE TO                 | 1 estimentes                   | June                                    |   |
| heart failure, asthenia, etc. It means the d       | isease,                        |                                |   |   |
|  | .,                             |                                |   |   |
| ANTECEDENT CAUSES                                  | DUE TO                         |                                | *************************************** |   |
| DISEASES OR CONDITIONS, il any.                    |                                |                                |   |   |
| rise to the above couse (A) statin                 | g The (C)                      |                                |   |   |
|  |                                |                                |   |   |
| OTHER SIGNIFICANT CONDITIONS CONTR                 | IRLITING                       |                                |   |   |
| TO THE DEATH BUT NOT RELATED                       |                                |                                |   |   |
|  | N FOR WHICH OPERATION          | 20A. AUTOPSY? (Yes or No       | ON IE VES WERE                          | FINDING CONSIDERED                      |
| 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORME  |                                |                                | IN CERTIFYING CA                        | USES OF DEATH?                          |
|  | los a secondarios              | no                             |   |   |
| OR CONTRIBUTING CAUSE OF                           | home, form, foctory, street, o | office bldg., INJURY OCCUR?    | (It in Boltimor                         | e City, give exact location)            |
| DEATH (notify medical examiner)                    | etc.)                          |                                |   |   |
| 21D. TIME (Month) (Doy) (Year) (Hos                | 1) 21E. INJURY OCCURRED        | 21F. HOW DID INJ               | URY OCCUR?                              |   |
| OF INJURY  | While At Not Whi               | le 🗀                           |   |   |
| TAPPROA.   | Work Al Work                   |                                |   |   |
| 22. I certify that (I) (this hospital) atte        | nded the deceased fram         | 3-11                           | 19 60 to                                | 9-11 1967                               |
| that (I) (we) last saw the deceased ali            | ve on 7:15PM 9-1               | 1/ 19 67 and the               | at in(me) (aur) an                      | inian death accurred an the dat         |
| 4  |                                |                                |   |   |
| and haur and fram the causes stated ab             | ave. (I) (We) (did) (did nat)  | view the bady after death.     |   |   |
| 23A. SIGNATURE                                     |                                |                                |   | 23B. DATE SIGNED                        |
| Byung Rap  | M.D. Att                       | rs. Med. Director              | Stoff<br>Phys.                          | 7-11-67                                 |
| 23C. PHYSICIAN'S                                   |                                | 23D. ADDRESS                   |   |   |
| NAME (TypeN BYUNG                                  | KAB LANG M.D.                  | Ras Con                        | poure Ha                                | sepital                                 |
| DIVING!  | AIL WARA                       | Don sec                        | UU35 110                                | 71.01                                   |
| REMOVAL (Specify) 248, DATE                        | 24C. NAME of CEMETERY OF CR    | EMATORY 24D. LO                | DCATION (C                              | ily, town, or county) (Slote)           |
| BURIAL 9-15-17                                     | Mandleway !                    | emotopy To                     | Alt made                                | e MW                                    |
| A. DATE REC'D BY HEALTH DEPT. 258. P               | NAME OF REGISTRAR              | 25C. FUNERAL DIRECTOR          | TAN INUM                                | ADDRESS ,                               |
| CCD 1-9 (0C7 A                                     | D. R. C. T. A. con             | PH 11 /                        | Lan                                     | 14. 1. hat 11/2.                        |
| QCI A U MAR ILL                                    | La II, C, XI S. WELL MAI       | EISWORTH /T                    | KMACOS!                                 | 4600 LIUCRIY TIGIT                      |
| \$ 150-REV. 1/1/65                                 |                                |                                |   |   |



present the present the present the re-

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8742

| M.E     | L CASE NO.                                      |  |                                     |   |                             |                      |                       |                               |   |                                |
|---------|---|--|-------------------------------------|---|-----------------------------|----------------------|-----------------------|-------------------------------|---|--------------------------------|
| I. I    | NAME OF DEC                                     | CEASED   |                                     |   |                             |                      | 2. DATE AN            | D HOUR PRONOUNC               | ED DEAD                                 |                                |
| , ,     | MI  | WIT  | T, N                                | ILTOI                                   | VE. JR.                     |                      | Sente                 | ember 9 , 1                   | 967                                     | 4:15 pm.                       |
| 3. P    | LACE IN BALT                                    | IMORE MAR  | LAND, WI                            | HERE PRONO                              | JNCED DEAD                  | 4. USUAL<br>A. STATE | RESIDENCE (Where      | deceased lived. If ins        | stitution: resi                         | idence before odmission)       |
| HO:     | L NAME OF                                       | (IF NOT I  | N HOSPITA                           | L OR INSTITUTION)                       | JTION, GIVE STREET          | Ma                   | aryland               | e carparate limits, writ      | A                                       | fourtd Country (Country)       |
| NS.     | TITUTION  |  |                                     |   |                             | E11:                 | icott City            |                               | 1                                       | 6200                           |
| 1       | St An   | nes Hos  | nital                               |   |                             |                      | ADDRESS (If rural,    | give location)                |   | 7 2 " 7 1                      |
| . (     | bt. ng  | nes nos  | PICAL                               |   |                             | 50                   | 09 Wilton A           | 1770                          |   |                                |
| 5. S    | EX  | 6. RACE  |                                     |   | NEVER MARRIED               | B. DATE O            |                       | 9. AGE (In years              |   | er 1 Yr. If Under 24 Hrs.      |
| 3.6     | -1-   | T.Th.  | 4-                                  | 4 . 11                                  | DIVORCED (specify)          | 4/2                  | 115                   | lost birthday                 | Months                                  | Days Hours Min.                |
| -       | ale   | Whi  |                                     |   | RIED F BUSINESS OR INDUSTRY | 11. BRTHP            | LACE (State or foreig | n sountry)                    | 12. CITIZ                               | VEN OF                         |
|         | during most of v                                | varking life, eve  | n if retired)                       | -                                       |                             | N                    | 1_/                   | ,                             | WHA                                     | AT COUNTRY?                    |
| 3. F    | ATHER'S NAM                                     |  | 1400                                | 2- E                                    | LEC.                        | 14. MOTHE            | R'S MAIDEN NAME       |                               |   | 1.5.                           |
|         | haur  |  |                                     |   |                             | 100                  | Pone                  |                               |   |                                |
| 5 1     | VIILTO  | D EVER IN U.   |                                     | T SA                                    | 16. SOCIAL                  | 17 014               | OKASH.                | EARS                          | A D D D D D D D D D D D D D D D D D D D |                                |
| Yes     | , na ar unknawn)                                |  |                                     |   | SECURITY NO.                | 17. INFORM           | ANI                   |                               | ADDRES                                  | •                              |
| Y       | ES  | WW   | II                                  | 0                                       | 215011621                   | 100                  | 1A E. 4               | liTT                          |   |                                |
|         | 18.   | 7/ Y.  |                                     |   | CAUSE                       | OF DEAT              | Н                     |                               |   | INTERVAL BETWEEN               |
|         | DISEAS  | SE OR COND   | ITION DU                            | ECTI V                                  |                             |                      |                       |                               |   | ONSET AND DEATH                |
|         |   | LEADING T  | O DEATH                             |   | (A) Gunsh                   | not wor              | und of the            | head                          |   |                                |
|         | (This does n<br>heart failure,<br>injury or car | not meon the<br>astherra, etc.<br>mplication which   | made of<br>It means<br>the caused d | dying, e.g.,<br>the disease,<br>leath.) | DUE TO                      |                      | •                     | ***************************** |   |                                |
| j       |   |  |                                     |   |                             |                      |                       |                               |   |                                |
|         |   | NTECEDENT<br>OR CONDITION  |                                     |   | (B)                         |                      |                       |                               |   |                                |
|         | RISE TO TH                                      | E ABOVE CA   | USE (A) ST                          | ATING THE                               | DUE TO                      |                      |                       |                               |   |                                |
| 7       | UNDERLYIN                                       | IG CONDITIO  | ON LAST.                            |   | (C)                         |                      |                       |                               |   |                                |
| CATION  |   | 11   |                                     |   |                             |                      |                       |                               |   |                                |
| X       |   | NIFICANT CO  |                                     |   |                             |                      |                       |                               |   | - 200                          |
| F       |   | DEATH BUT  |                                     |   | HE                          |                      |                       |                               | 040000000000000000000000000000000000000 |                                |
| CERTIFI |   | and the same of th | 198. CONI                           | DITION FOR                              | WHICH OPERATION             | 20A. AU              | TOPSY? (Yes or No)    | 208. IF YES, WERE F           | INDINGS (                               | ONSIDERED                      |
| Ö       | 0   |  | WAS PERF                            | ORMED                                   |                             |                      |                       | IN CERTIFYING CAU             |   |                                |
| CAL     | 21 A. EXTERNAL                                  | L CAUSE WA   | S                                   | 21 B.                                   | PLACE OF INJURY (e.g.,      | in or obout          | 21C. WHERE DID        | (If in Boltimore City, g      | ive exoct I                             | ocation)                       |
| ED (C)  | UNDERLYING L                                    | SE OF DEATH  | -<br>i.                             | hame<br>etc.)                           | , form, factory, street, a  | ffice bldg., I       | = 0 0 == 1 =          | A                             |   | 1-                             |
| 2       | 21 D TIME                                       | (14 2) (5  |                                     |   | Home                        |                      | 509 Wilt              |                               |   | 63-00                          |
|         | OF INJURY                                       |  | loy) (Year)                         |   | TE. INJURY OCCURRED         |                      |                       |                               | 1.0                                     |                                |
|         | (APPROX.)                                       | 9 9  | 67                                  | ? ".                                    | WORK NOT AT W               | ORK X                | Subject               | shot hemse                    | II                                      |                                |
|         | 22.   | rify that I he   | ld on In                            | quiry 🗌                                 | Inspection X Aut            | apsy 🗌               | and that on thi       | s bosis, deoth In             | my opinio                               | in                             |
|         | resul   | ted from: N  | oturol cau                          | ses .                                   | Accident Suicide            | » X н                | amicide 🗌 👢           | Indetermined monn             | er                                      |                                |
| Н       |   |  | /                                   | 7./                                     | 0                           | СНІ                  | EF MEDICAL EX         | AMINER X                      |   |                                |
|         | ACTUAL  |  | 11                                  | Mas                                     | 1 - /                       |                      | NT MEDICAL EX         |                               |   | DATE SIGNED                    |
|         | SIGNAT  |  | VV                                  | 0 11 101                                | M. D.                       |                      |                       |                               |   |                                |
|         | EXAMIN<br>NAME (                                |  | Russ                                | a11 S                                   | Fisher, M.D.                | ASSUCIA              | TE MEDICAL EX         |                               |   | 10 1067                        |
|         | . BURIAL CRE                                    | MATION, 23   | B. DATE                             |   | C. NAME of CEMETERY o       | CREMATO              | DRY 23D. L            | OCATION (City                 | , town, or                              | er 10, 1967<br>county) (State) |
| REA     | AOVAL (Specify                                  | 0  | 7/12/                               | 1-                                      | /                           |                      |                       | ALTO, CO                      |   |                                |
| L       | URIAL   | _ /  | 1/2/                                | 0/ 2                                    | -ORRHINE                    | Total                |                       |                               |   |                                |
| 24A     | . DATE REC'D                                    |  |                                     |   | OF REGISTRAR                |                      | UNERAL DIRECTOR       | 301                           | FRE                                     | OERICK RO                      |
|         |   | of had   | 195/ (                              | Leab                                    | E, Farbura                  | 4. 5                 | MACNA                 | 133 2                         | 123                                     | ADDRESS<br>OFRICE RA           |
|         |   |  |                                     | 1                                       |                             |                      | 1.1.111               |                               |   | Y                              |

.27- 3 kg-11/h .

WESTLINGHERSE ELEC. ALL.

MILTON E. WITTEN. AM ENGLIPERKS

YES WHE DECKEN FLEIN E WITT

4/3/15

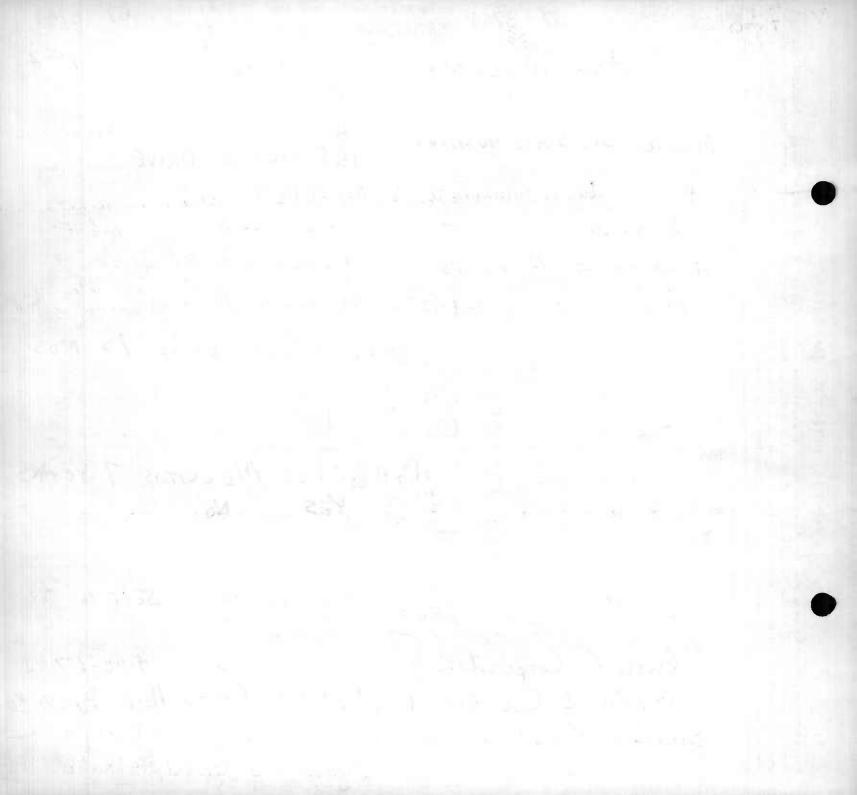
south projects in the life

EXPLITE, EE, PRIME

E. S. Alpender Brand

| BIRTH NO.  | 67 8   | Pri A O                              | TE OF DEATH                          | Registered No         | 67 8743                                 |               |
|--|--|--------------------------------------|--------------------------------------|-----------------------|---|---------------|
| M.E. CASE NO.  | 0, 0   | CERTIFICA                            | TE OF DEATH                          |                       |   |               |
| 1. NAME OF DECEASED  | WELL J   | OHN B. H                             | 5ept                                 | HOUR OF DEATH         | 767 6-30                                |               |
| 3. PLACE OF DEATH IN BAL                                       |  | O. 11                                | 4. USUAL RESIDENCE (Where d          | eceosed lived, If ins | titution: residence before odr          |               |
|  |  |                                      | A. STATE B. COUNTY                   |                       |   |               |
| HOSPITAL OR oddre  | ot in hospital or institut<br>ess or location) | tion, give street                    | C. CITY OR TOWN (If outside          | city limits write R   | LIRAL and give township)                | a de transfer |
| INSTITUTION Luth   | eran ho  | spital                               | Baltimore                            |                       | 15-4                                    | /             |
|  | , Ashbur                                       |                                      |                                      | , give location)      | /-/                                     | /             |
| 40   |  | ore 21216.                           | 3025, Win                            | dsor 1                | Ave.                                    |               |
| 5. SEX 6. RACE   | 7. MAR   | RIED, NEVER MARRIED                  | B. DATE OF BIRTH 9.                  | AGE (In years         | If Under 1 Yr. , If Under               |               |
| Male Wh  | 110  | owed, divorced (specify) ver Married | 6-30-91 1051                         | birthdoy)             | Months Doys Hours                       | Min.          |
|  | ve kind of work 10B, KIN                       |                                      | 11. BIRTHPLACE (State or foreign     |                       | 12. CITIZEN OF                          |               |
| one during most of working life, e                             |  | gen                                  | Virginia                             |                       | WHAT COUNTRY?                           |               |
| 3. FATHERS NAME  | :6.  |                                      | 14. MOTHER'S MAIDEN NAME             |                       | U.S.A.                                  |               |
| Henry D. B   | oswell   |                                      | Drucella Will                        | liame                 |   |               |
|  |  |                                      |                                      | LEGINO                |   |               |
| 5. Was Deceased Ever in U.<br>Yes, no or unknown) (If yes, giv |  | ice) SECURITY NO.                    | 17. INFORMANT                        |                       | ADDRESS                                 | Rd.           |
|  |  |                                      | Mr. James M. Be                      | oswell, 64            | 18 Old Washing                          | ton           |
| 18. 4 4 0 0  | 1  | CAUSE                                | F DEATH                              |                       | INTERVAL BETWE                          |               |
| DISEASE OR COM   | DITION DIRECTLY                                |                                      |                                      |                       | ONSET AND DEA                           | AIM           |
| LEADING  | TO DEATH                                       | (A) <b>(</b>                         | pper G.I. BI                         | eeding                | Two day                                 | 1.5           |
| (This does not mean the heart failure, asthenio, e             |  |                                      |                                      |                       | •                                       | 1             |
| injury or complication w                                       |  |                                      |                                      |                       | W 01                                    |               |
| ANTECEDE   | NT CAUSES                                      | DUE TO                               |                                      |                       |   | 00100000011   |
| DISEASES OR CONDI  |  | ving                                 | society babilie                      | 1 d = 2               |   |               |
| rise to the above UNDERLYING CONDITI                           |  | the (C)                              | ossibly beblie 1                     | JIEEY.                |   |               |
|  | 1  |                                      |                                      |                       |   |               |
| OTHER SIGNIFICANT CO   | NDITIONS CONTRIBE                              |                                      | rio scietosis                        |                       |   |               |
| TO THE DEATH BUT   |  | THE POINT                            | 10300000                             |                       |   |               |
| 19A. DATE OF OPERATION   | 198. CONDITION                                 | FOR WHICH OPERATION                  | 20 A. AUTOPSY? (Yes or No) 2         | OB. IF YES, WERE F    | INDINGS CONSIDERED                      |               |
|  | WAS PERFORMED                                  | -                                    | Y = 5                                | T CERTIFICO CAO       | JES OF BEATH.                           |               |
| OR CONTRIBUTING CA   |  | 21B. PLACE OF INJURY (e.g.,          | in or about 21 C. WHERE DID          | (If in Boltimore      | City, give exact lacation)              |               |
| DEATH (notify medical ex                                       |  | etc.)                                |                                      | _                     |   |               |
|  | Doy) (Year) (Hour)                             | 21E. INJURY OCCURRED                 | 21F. HOW DID INJURY                  | OCCUR?                |   |               |
| OF INJURY  |  | While At Not Wh                      |                                      |                       |   |               |
| 00 1 11 1 14 1   |  |                                      |                                      | (1)                   | ept qta 19                              | * 0           |
|  |  |                                      | sept 7th. 19                         |                       |   | -             |
|  |  | •                                    | 19.67 and that                       | n(my) (comp) apin     | ilan death accurred on t                | the dat       |
|  |  |                                      | view the body after death.           |                       |   |               |
| 23A. SIGNATURE   | 20   |                                      |                                      |                       | 23B, DATE SIGNED                        |               |
|  | posesa   | M.D. At                              | rending Med. Sta<br>ys. Director Phy | "s. \\                |   |               |
| 23C. PHYSICIAN'S<br>NAME (Type)                                | VO   |                                      | 23D. ADDRESS                         |                       | DE LE SELECTION                         |               |
| DR.  | BIPIN. +                                       | A. DESAL. M.D.                       | Luthera                              | ridzon r.             | -a1.                                    |               |
| 24A. BURIAL CREMATION, 2                                       | 48. DATE   24                                  | IC. NAME of CEMETERY OF CI           | REMATORY 24D. LOC                    | ATION (Cit            | ly, town, or county) (                  | (Stote)       |
| REMOVAL (Specify)  |  | Laudon Dawle Co.                     |                                      | imore                 |   | Md.           |
| Burial 25A. DATE REC'D BY HEALTH                               | 9/13/67  | Loudon Park Ce                       | 25C. FUNERAL DIRECTOR                | THOLE                 | ADDRESS                                 | 114.          |
|  |  | THE OF REDISTRAN                     | 230. TORENAL DIRECTOR                |                       | ~ |               |
| ントト  | 1 3 1967 0                                     | O By C Franch ear                    | Howard H. Hub                        | bard, 4107            | Wilkens Ave.                            | 2122          |
| SEP.   | L 3 1967 R                                     | Brulo E Napley 4                     | Howard H. Hub                        | bard, 4107            | Wilkens Ave.                            | 2122          |

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TEV. FEREN DEPORTURE & PILKERS AVEC

| 67 8746 BALTIMORE  | CITY HEALTH DEPARTMENT   | GM OFIAO                              |
|--|--|---------------------------------------|
| BIRTH NO. CERTIFI  | ICATE OF DEATH Registered No.  | 67 8746                               |
| M.E. CASE NO.  1. NAME OF DECEASED   |  |                                       |
| (Type or Print)  | 2. DATE AND HOUR OF DEATH  | 1 101 7 7 7                           |
| Mr. Charles J. Jones   | 4. USUAL RESIDENCE (Where deceased lived, If in                                      | 10:35 P.                              |
| TEACE OF BEATH IN BALLIMORE MARILAND   | A. STATE B. COUNTY   | stitution; residence betare damission |
| FULL NAME OF (II not in hospital or institution, give street                                     | Md.  |                                       |
| HOSPITAL OR oddress or location)   | C. CITY OR TOWN (If autside city limits, write f                                     | (IRA) ond give township)              |
| MERCY HOSP.  | 13ALTIMORE   | 2-08                                  |
|  | D. STREET ADDRESS (If rurol, give lacation)  | , 44                                  |
| Baltimore, Md. 21202   | 1611 Shakespear  | est,                                  |
| SEX 6. RACE 7. MARRIED, NEVER MARRIED  | B. DATE OF BIRTH 9. AGE (In years  | If Under 1 Yr. If Under 24 Hi         |
| male white married   | fy) 1/30/20 lost birthday!   | Months Days Hours Min.                |
| DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU                            |  | 12. CITIZEN OF                        |
| ane during mast of warking life, even if retired)  | nn 1   | WHAT COUNTRY?                         |
| OROER FILLER   | /VIQ.  | USA                                   |
| 3. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   | 1 .                                   |
| Shannan Jones  | margaret k   | obinson                               |
| 5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL   | 17. INFORMANT  | ADDRESS                               |
| Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.                          | 9252 Hosp. Chart   |                                       |
| VES WORD WART 220-10-  |  |                                       |
| / 18. / 6 / X   CAU  | ISE OF DEATH   | ONSET AND DEATH                       |
| DISEASE OR CONDITION DIRECTLY  | 1  | 2                                     |
| LEADING TO DEATH   | iarcinomatosis   | 2415.                                 |
| (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, | 0  |                                       |
| injury or complication which coused death.)  | a. Larynx  | Zyrs,                                 |
| ANTECEDENT CAUSES  (B)   |  | 9-/                                   |
| DISEASES OR CONDITIONS, il any, giving   |  |                                       |
| rise to the obove cause (A) stating the (C) UNDERLYING CONDITION tost.                           | 9  |                                       |
|  |  |                                       |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  |  |                                       |
| TO THE DEATH BUT NOT RELATED TO THE  |  |                                       |
| DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION      | 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE F                                     | INDINGS CONSIDERED                    |
| WAS PERFORMED  | IN CERTIFYING CAL  | JSES OF DEATH?                        |
| U 21A. ACCIDENT WAS UNDERLYING 21B-PLACE OF INJURY   |  | City, give exact lacation)            |
| OR CONTRIBUTING CAUSE OF hame, farm, lactary, stre   | (e.g., in ar about 21 C. WHERE DID (II in Baltimare est, affice bldg., INJURY OCCUR? | City, grve exact tacaman              |
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| 21D. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED                                       | D 21F. HOW DID INJURY OCCUR?   |                                       |
| Vhile At ☐ Not   | t While Work   |                                       |
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| 22. I certify that (I) (this hospital) attended the deceased fram                                | 1///   | /1919                                 |
| that (1) (we) lost saw the deceased alive an 9/11/67   |  | nion death occurred an the d          |
| and have and from the causes stated above. (1) (We) (did) (did r                                 | nat) view the bady after death.  |                                       |
| 23A. SIGNATURE   |  | 23B. DATE SIGNED                      |
| Haved & Matteld M.D.   | Attending Med. Staff Phys. Director Phys.  | 9////2                                |
| 23C, PHYSICIAN'S   | 23D. ADDRESS   | 11.10                                 |
| 23C. PHYSICIAN'S<br>NAME (Type)  | - 12 1 01 0 1 01 -   | F . / .                               |
| Datia Stanled Mellold  | M.D. 1101 St. Paul St.,  | Baltimore                             |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OR REMOVAL (Specify).                     | of CREMATORY 24D. LOCATION (Cit  | y, town, or county) (State)           |
| 13.010/ 8/10 Wed   | ides areat as wheat  | untra Rhad                            |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR   | 25C. FUNERAL DIRECTOR  | ADDRESS                               |
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| 3       | 67 0747  | ATE OF DEATH Registered No. 67 8747   |
|---------|--|---|
| S M     | LE CASE NO.  | ATE OF DEATH  |
| (T      | NAME OF DECEASED  VALUE OF Print)  NETTEE PICKETT  | 2. Date and hour of death 9-8-67 3,20 A   |
| 3.      | PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME DF (If not in hospital or institution, give street            | 4. USUAL RESIDENCE (Where deceased lived, if institution; lesidence before admissian) A. STATE B. COUNTY MARYLAND   |
|         | HDSPITAL DR oddress or location) INSTITUTION   | C. CITY OR TOWN (If outside city limits, write RURCE and give township)   |
| 0       | 3 JOHNS HOPKINS HOSPITAL   | D. STREET ADDRESS (If turol, give locotion)  2415 E. LAFAYETTE -ST. AVE   |
|         | SEX FEMALE   6. RACE   7. MARRIED, NEVER MARRIED   WIDOWEDMARK (EDecify)                                       | B. DATE OF BIRTH  6-28-16  9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,  |
| Ó       | A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST   | 0-20-10   |
|         | NONE<br>FATHERS NAME   | 14. MOTHER'S MAIDEN NAME  |
|         | WILLIAM WASHINGTON   | FRONIE HENRY  |
| Y       | . Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of service) 228-03-316 | 17. INFORMANT ADDRESS   |
| -       | IB. A CALISE   | OF DEATH  |
|         | DISEASE OF CONDITION DIRECTLY LEADING TO DEATH   | ancer a breast 10 mo  |
|         | heart failure, asthenia, etc. It means the disease,  | pouce of war in the policy of |
|         | injury at complication which caused death.)  ANTECEDENT CAUSES (B)   |   |
|         | DISEASES OR CONDITIONS, if ony, giving   |   |
|         | rise to the above cause (A) stating the UNDERLYING CONDITION lost.   |   |
| 2       | DTHER SIGNIFICANT CONDITIONS CONTRIBUTING  | 1 1   |
| ATION   | TO THE DEATH BUT NOT RELATED TO THE METAL  | asis of cancer to lung  |
| SPTIFIC | 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  | NO 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?   |
| AI CE   | 218. PLACE OF INJURY (e.g.   | office bldg., INJURY OCCUR?   |
| FDIC    | 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED   | 21F. HOW DID INJURY OCCUR?  |
| ×       | (APPRDX)  While At Not Work  At Work   |   |
|         | 22. I certify that (1) (this hospital) attended the deceased fram  |   |
|         | that (I) (we) last saw the deceased alive an   |   |
|         | and haur and fram the causes stated abave. (1) (We) (did) (did nat 23A. SIGNATURE                              | ) view the bady after death.    238. DATE SIGNED  |
|         | (Value C ) force -   | Attending Med. Stoff Phys. 9/8/67   |
|         | 23C. PHYSICIAN'S<br>NAME (Type)<br>THOMAS C-BUTLER M.  | D. 601 N. Broadway  |
| 24      | A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF REMOVAL (Specify)                                      | CREMATORY 24D. LOCATION (City, town, or county) (Stately  |
| 25      | BURIAL 9-12-61 M/ (alv.  | ary a, a, County ma   |
| 25      | A. DATE REC'D BY HEALTH' DEPT. 258, NAME OF REGISTRAR  | AZSC. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS   |
| Š       | 150-REV. 1/1/65  | MASICIAN LAKINAM INST IN DINGAMAY   |

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Thomas c Ruther

THOMAS < - BUTLER

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|  | CATE OF DEATH Registered No  | 67 8748   |
|--|--|---|
| M.E. CASE NO.  | CATE OF DEATH Registered No.   |   |
| 1. NAME OF DECEASED (Typo or Print)  | 2. DATE AND HOUR OF DEATH  |   |
| CLARE BROWN  3. PLACE OF DEATH IN BALTIMORE MARYLAND   | 9-12-67  | 7:40 AM   |
|  | A. STATE B. COUNTY   | × -   |
| FULL NAME OF (If not in hospitot or institution, give street HOSPITAL OR eddress or location)            |  | A   |
| INSTITUTION  |  | KAL one glub whistip)   |
| THE JOHNS HOPKINS HOSPITAL   | D. STREET ADDRESS (If rurol, give location)  | 9   |
|  | 21/1 201101 47 201127  |   |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED   | 8. DATE OF BIRTH 9. AGE (In years  | If Under 1 Yr. If Under   |
|  |  | Months Doys Hours   |
| 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU                                   | JSTRY 11. BIRTHPLACE (Stoto or foreign country)  | 12, CITIZEN OF<br>WHAT COUNTRY  |
| done during most of working life, even if retired  | Biff n. Q  | WHAT COUNTRY  |
| 13. FATHERS NAME   | 14. MOTHER'S MAIDEN NAME   | 1 10 2/1  |
| CEODGE AMES  | MARY   |   |
| 15. Was Docoused Ever in U. S. Armed Forces? 16. SOCIAL  |  | ADDRESS   |
| (Yes, no or unknown) (If yes, give wer or dotes of service) SECURITY NO                                  | 0.   |   |
| 790  | Thomas Oronn   | seul  |
| 18.33/XI   | SE OF DEATH  | INTERVAL BETWE  |
| LEADING TO DEATH   | at house on ha are   | 3.16.   |
| (This does not moon the mode of dying, e.g.,  (A)  DUE TO  | 31 remodules   | 3 whs   |
| heart failure, asthenia, etc. It means the disease, injury or complication which coused deeth.)          | 01 000   | /   |
| ANTECEDENT CAUSES (B)  | lutracranial Iteld   | 4 whs   |
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| rise to the obove cause (A) stoting the (C)  |  |   |
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| TO THE DEATH BUT NOT RELATED TO THE  |  |   |
| 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION  | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F   | INDINGS CONSIDERED  |
|  | YES NO   | JSES OF DEATH:  |
| U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY ( OR CONTRIBUTING CAUSE OF home, form, foctory, stre | (e.g., in or obout 21C. WHERE DID (If in Boltimore cet, office bidg., INJURY OCCUR?  | City, give exact location)  |
| DEATH (notify medical examiner)  |  |   |
| S OF INJURY  |  |   |
|  |  |   |
| 22. I certify that (1)_(this hospital) attended the deceased from  | 8/14 1967 to 9/  | 12 190  |
| that (1) (we) last saw the deceased alive an 9/12  | _  |   |
|  |  |   |
| 23A. SIGNATURE   | , ine body unter deding  | 23B. DATE SIGNED  |
| Thomas C. Butles M.D.  | Attending Med. Stoff   | 9/12/67   |
| 23C.PHYSICIAN'S  | 23D. ADDRESS   | 110-10-1  |
|  | 1 - AI REMANILIAU  | BALTO   |
| 1 11 11 11 11 11 11 11 11  | 001115   | , 01.010  |
| 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)                              | or CREMATORY 24D. LOCATION (Cit  | ty, town, or county)  |
|  |  |   |
| Burial 9-16-62 mt /11/11   | me (at Ballo)  | nx  |
| SEP 13 1967 P. D. S. E. Joshum   | Mr. (Int. Ballo)   | ADDRESS   |
|  | FULL NAME OF HOSPITAL OR oddress or location)  THE JOHNS HOPKINS HOSPITAL  THE JOHNS HOPKINS OR HARRIED  THE JOHNS HOPKINS HOSPITAL  THE JOHNS HOPKINS OR HARRIED  THE JOHNS H | S. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF MOSTITAL OR oddiess or locolicion  FULL NAME OF MOSTITAL OR oddiess or locolicion  FULL NAME OF MOSTITAL OR oddiess or locolicion  THE JOHNS HOPKINS HOSPITAL  THE JOHNS HOPKINS HOSPITAL  S. SEX  6. RACE  7. MARNED NEVER MARRIED  WIDOWED, DIVORCED (specify)  MARYLED  10. STREET ADDRESS (III rurol, givo locolicin)  214. DOLIGLAS COLIRT  10. STREET ADDRESS (III rurol, givo locolicin)  MARYLED  10. STREET ADDRESS (III rurol, givo locolicin)  10. STREET ADDRESS (III rurol, |

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|                             | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a the body was released to the hospital by a medical examiner. Also, if the direct or contributing cashows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; was D.O.A. at a hospital (except where the physician who pronounced death was in regular attended eased prior to death); and (6) No physician was in regular attendance on the deceased prior to written approval must be obtained before the remains are embalmed or final disposition is made. |
|                             | H A P B   |
|                             | T. 0.00 L   |
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|  | CASE NO. ME OF DECEASED or Print)  |  | 2. DATE AND HOUR OF I  | DEATH  |
|--|--|--|--|--|
|  | Agnes McKell   |  | Sept./   | 1.1967   |
| 3. PL                                  | ACE OF DEATH IN BALTIMORE, MA  | RYLAND   | 4. USUAL RESIDENCE (Where deceased liver A. STATE B. COUNTY  | ed. If institution; residence before                     |
|  | LL NAME OF (If not in haspital   | ar institution, give street  | Maryland   |  |
|  | SPITAL OR oddross or lacation  | 1)   | C. CITY OR TOWN (If autside city limits,   | write RURAL and give townshi                             |
|  | 1 -  |  | Baltimore  | 0  |
| 4                                      | 0  |  | D. STREET ADDRESS (If rurel, give lacet  |  |
| /                                      | 1105 E. Fayett   |  | 1802 E. Chase Str  |  |
| 5. SE                                  | 6. RACE  | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specif  | (fy) B. DATE OF BIRTH 9. AGE (In year last birthday)   | Months Days Haurs  |
|  | FN   | Widowed  | 12-25-01   |  |
|  | JSUAL OCCUPATION (Give kind of work<br>duping mast af working life, given if retired)  | 10B. KIND OF BUSINESS OR INDU  | USTRY 11. BIRTHPLACE (State ar foreign country)  | 12. CITIZEN OF<br>WHAT COUNTRY                           |
| 1                                      | ousewife   | Home   | Va,  | U.S.A.   |
| 13. F                                  | ATHER'S NAME   |  | 14. MOTHER'S MAIDEN NAME   | 0.00.21  |
|  | James R  | ich  | Timme Tene Teeleren  |  |
| 15. W                                  | as Deceased Ever in U. S. Armed For  | ces? 16. SOCIAL  | Emma Jane Jackson  | ADDRESS  |
| (105,                                  | no or unknown) (If yes, give war or date   | s of service) SECURITY NO.   | / Jen Burguer T Digle  | Day 207 Cara-  |
| - 11                                   | no la sur la la  | none   | Mr. Emory J. Rich  | INTERVAL BE  |
|  | DISEASE OR CONDITION DIE   |  |  | ONSET AND  |
|  | LEADING TO DEATH   | ECILY  | CHF  | 301.   |
|  | This does not meon the mode of   |  |  |  |
|  | neort foilure, osthenio, etc. It meons<br>njury or complication which coused   |  | KerD   | 1 144  |
|  | ANTECEDENT CAUSES  | (B)  |  | l W  |
|  | DISEASES OR CONDITIONS, if   |  | 0  | /  |
| 1                                      | ise to the obove couse (A)   |  |  |  |
|  | JNDERLYING CONDITION lost.   |  |  |  |
| z                                      | II  OTHER SIGNIFICANT CONDITIONS C   | ONTRIBITING  | 2 + 5  |  |
| ž                                      | TO THE DEATH BUT NOT RELA  | TED TO THE   | Breast - Absence 196   | mulapuli   |
| 0 1                                    | A. DATE OF OPERATION 198. CON  | DITION FOR WHICH OPERATION   | 20A. AUTOPSY? (Yes ar Na) 20B. IV YES,   | WERE FINDINGS CONSIDERED<br>NG CAUSES OF DEATH?          |
|  | 8-15-67 VL)S   | simple Mastector   | my No  | NG CAUSES OF DEATH?                                      |
| E                                      | A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF   | 218, PLACE OF INJURY   |  | Boltimare City, give exact lacation                      |
| 1                                      |  | etc.)  | eet direct ordge, market occor.  |  |
| A C                                    | EATH (natify modical examiner)   | 0100   |  |  |
| DICAL                                  | PEATH (natify modical exominer)  1D. TIME (Month) (Doy) (Year)   |  | D 21F. HOW DID INJURY OCCUR?   |  |
| AEDICAL                                | PEATH (natify modical exominer)  | (Haur) 21E, INJURY OCCURRED White At Not   | t White  |  |
| MEDICAL                                | DEATH (natify modical exominet)  1D. TIME (Month) (Doy) (Year)  IF INJURY  APPROX.)  | (Haur) 21E, INJURY OCCURRED While At Not Wask At   | t White Wark   | In Cont  |
| MEDICAL                                | DEATH (natify modical exominer)  1D. TIME (Month) (Doy) (Year)  1F INJURY  APPROX.)  2. I certify that (1) (MICKANA)   | (Haut) 21E, INJURY OCCURRED While At Not Not Note of the deceased from   | t White Wark 19. 1966 to   | /2 Sept.   |
| MEDICAL                                | DEATH (natify modical exominer)  1.D. TIME (Month) (Doy) (Year)  IF INJURY APPROX.)  2. I certify that (I) (Mark Approx.)  hat (I) (Mark) last sow the decease   | (Haut) 21E, INJURY OCCURRED While At Not Not Wask  Ottended the deceased from the de | Mar. 19. 1966 to Sept. 1967 ond that in (32)   | 12 Sept.   |
| MEDICAL                                | DEATH (natify modical exominer)  1.D. TIME (Month) (Doy) (Year)  APPROX.)  2. I certify that (I) (MIXING)  hat (I) (MIX) last sow the decease  nd hour and from the causes state   | (Haut) 21E, INJURY OCCURRED While At Not Not Wask  Ottended the deceased from the de | Mar. 19. 1966 to Sept. 1967 ond that in (3)  | x) opinian death occurred                                |
| MEDICAL                                | DEATH (natify modical exominer)  1.D. TIME (Month) (Doy) (Year)  IF INJURY  APPROX.)  2. I certify that (I) (Mark Approx.)  hat (I) (Mark) last sow the decease  | (Haur) 21E INJURY OCCURRED While At  | Mar. 19, 1966 to ept. 1967 ond that in (1) A   | x) opinian death occurred                                |
| MEDICAL                                | DEATH (natify modical exominer)  1.D. TIME (Month) (Doy) (Year)  APPROX.)  2. I certify that (I) (MIXING)  hat (I) (MIX) last sow the decease  nd hour and from the causes state   | (Haut) 21E, INJURY OCCURRED While At Not Not Wask  Ottended the deceased from the de | Mar. 19, 1966 to sept. 1967 ond that in (3) 75   | x) opinian death occurred                                |
| WEDICAL 2                              | DEATH (natify modical exominer)  1.D. TIME (Month) (Doy) (Year)  APPROX.)  2. I certify that (I) (MIXING)  hat (I) (MIX) last sow the decease  nd hour and from the causes state   | (Haur) 21E INJURY OCCURRED While At  | Mar. 19, 1966 to ept. 1967 ond that in (1) A   | x) opinian death occurred                                |
| WEDICAL 2                              | DEATH (natify modical exominer)  1D. TIME (Month) (Doy) (Year)  APPROX.)  2. I certify that (I) (Market)  and (I) (Market)  I ast sow the decease  and hour and from the causes state  3.A. SIGNATURE  | (Haut) 21E INJURY OCCURRED While At Not Not At of the deceased from 12 Seed above. (1) 1224 (did) (days  | Mar. 19, 1966 to ept. 1967 ond that in (ax) 760 view the bady ofter death.  Attending Med. Staff Phys. 23D. ADDRESS  | 238. DATE SIGNED Sept./2,                                |
| WEDICAL 2                              | DEATH (natify modical exominer)  1.D. TIME (Month) (Doy) (Year)  1.D. TIME (Month) (Doy) (Year)  2. I certify that (I) (Markova)  1. And (I) (Markova)  1. I certify that (I) (Month)  1. I certify that (I) (Mon | (Haut) 21E INJURY OCCURRED While At Not Not At of the deceased from 12 Seed above. (1) NEX (did) (dRX M.D.   | White Wark  MAT. 19. 1966 to P. 1967 and that in (nx) A tending Med. Staff Phys. 23D. ADDRESS  | 238. DATE SIGNED Sept./2,                                |
| WEDICAL 2                              | DEATH (natify modical exominer)  1D. TIME (Month) (Doy) (Year)  APPROX.)  2. I certify that (I) (Markay)  that (I) (Markay)  and (I) (Markay)  B.A. SIGNATURE  3C. PHYSICIAN'S NAME (Type)   | (Haut) 21E INJURY OCCURRED While At At Not At of the deceased from 12 and olive on 12 and olive  | Mar. 19, 1966 to sept. 1967 ond that in (ax) Attending Med. Staff Phys. ADDRESS M.D. 2214 E. Fayette   | 23B. DATE SIGNED Sept./2,                                |
| 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | DEATH (natify modical exominer)  1.D. TIME (Month) (Doy) (Year)  1.D. TIME (Month) (Doy) (Year)  2. I certify that (I) (Month) (Doy) (Year)  1.D. TIME (Month) (Doy) (Year)  2. I certify that (I) (Month) (Doy) (Year)  1.D. TIME (Month) (Doy) (Year)  2.D. I certify that (I) (Month) (Doy) (Year)  2.D. I certify that (I) (Month) (Doy) (Year)  3.D. I certify that (I) (Month) (Month) (Month) (I) (Month) ( | (Haut) 21E INJURY OCCURRED While At At Not At of the deceased from 12 and olive on 12 and olive  | Mar. 19, 1966 to sept. 1967 ond that in (ax) Attending Med. Staff Phys. ADDRESS M.D. 2214 E. Fayette   | 23B. DATE SIGNED Sept./2,                                |
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| 2 t A.                                 | DEATH (natify modical exominer)  1.D. TIME (Month) (Doy) (Year)  1.D. TIME (Month) (Doy) (Year)  2. I certify that (I) (Month) (Doy) (Year)  1.D. TIME (Month) (Doy) (Year)  2. I certify that (I) (Month) (Doy) (Year)  1.D. TIME (Month) (Doy) (Year)  2.D. I certify that (I) (Month) (Doy) (Year)  2.D. I certify that (I) (Month) (Doy) (Year)  3.D. I certify that (I) (Month) (Month) (Month) (I) (Month) ( | While A! Not Not Wark  O ottended the deceased from the Not work  All Mark   | Mar. 19, 1966 to Sept. 1967 ond that in (nx) Attending Med. Staff Phys. 23D. ADDRESS M.D. 2214 E. Fayette or CREMATORY  Phys. 24D. LOCATION  Phys. Payette in the control of the control o | 23B, DATE SIGNED Sept./2 Street (City, town, or caunty)  |

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## 67 8751 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8751

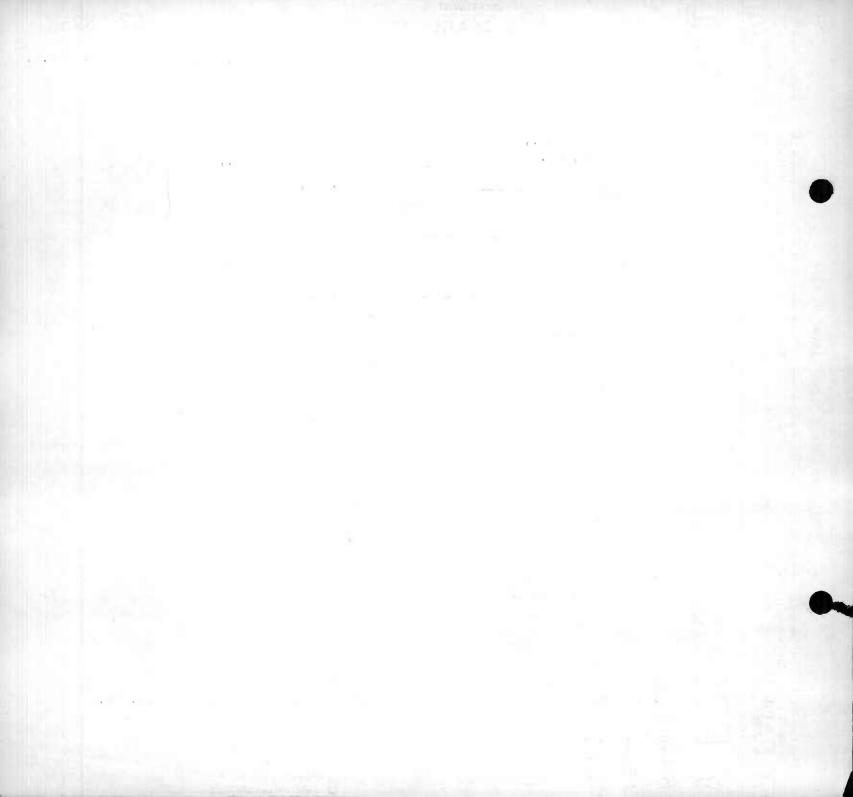
| WE CALL LA   | AMIII AER O CE           | ENTITICATE OF DEATH Registered No.   |
|--|--------------------------|--|
| M.E. CASE NO.  |                          | O DAYE AND HOUR BROWNINGSD STAR  |
| (Type or Print) LONIE (Lonnie)   | SMITH                    | September 10, 1967 11:10 A.  |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN   |                          | M. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)          |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTI  | ON, GIVE STREET          | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)                   |
| INSTITUTION  | 100                      | Baltimore 20-00  |
| 2717 Lauretta Avenue   |                          | D. STREET ADDRESS (If rurol, give locotion)  2717 Lauretta Avenue                              |
| 5. SEX 6. RACE 7. MARRIED, N   | EVER MARRIED             | 11   |
| Male Negro WIDOWED, DI   | vorced(specify)          | 2/16/1901   lost birthday   Months Doys Hours   Min.   |
| 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF B done during most of working life, even if retired)   | USINESS OR INDUSTRY      | 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?                         |
| Unemployed N   | IA.                      | Ansonville, N.C. U.S.A.  |
| 13. FATHER'S NAME  |                          | 14. MOTHER'S MAIDEN NAME   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?  | 60000                    | UNK,   |
| (Yes, no or unknown) (If yes, give wor or dotes of service)  | SECURITY NO.             | 17. INFORMANT ADDRESS  |
| 2  | 42-10-1813               | Louise LANNADY 2833 HARlem   |
| 1B. / 5 5 / 1  | CAUSE                    | OF DEATH INTERVAL BETWEEN ONSET AND DEATH  |
| DISEASE OR CONDITION DIRECTLY  |                          |  |
| LEADING TO DEATH  (This does not mean the mode of dying, e.g.,   | (A)                      | oma of Gall Bladder with   |
| heart failure, asthenia, etc. 11 means the disease, injury or complication which coused death.)  | XXXXXX                   | Metastases   |
| ANTECEDENT CAUSES  |                          |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING   | (B)                      |  |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |                          |  |
| 2  | (C)                      |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  |                          |  |
| TO THE DEATH BUT NOT RELATED TO THE  |                          |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED | IICH OPERATION           | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| ₹ 21A. EXTERNAL CAUSE WAS 21B. PL  | ACE OF INJURY (e.g., ir  | in or about 21C. WHERE DID (If in Boltimore City, give exact location)                         |
| UNDERLYING OR CONTRIB-   | tom, toctory, street, of | ffice bldg., INJURY OCCUR?   |
| OF INJURY  | . INJURY OCCURRED        | 21F. HOW DID INJURY OCCUR?   |
| m. WC  |                          | ORK  |
| 22. I certify that I held an Inquiry   | Inspection X Auto        | apsy and that an this basis, death in my apinian   |
| resulted fram: Natural causes X  | cldent Sulcide           | Hamlcide Undetermined manner   |
| 1  | -)                       | CHIEF MEDICAL EXAMINER   |
| SIGNATURE Williams ho  | m/( M.D.                 | DATE SIGNED  |
| EXAMINER'S Werner U. Spit  | The De                   | ASSOCIATE MEDICAL EXAMINER 9/10/67   |
| 23A. BURIAL CREMATION, 23B. DATE 234.  | NAME of CEMETERY or      | r CREMATORY 23D. LOCATION (City, town, or county) (Stote)                                      |
| REMOVAL (Specify) 9-11-67  | MIA                      | hay Rold Md  |
| 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF   | REGISTRAR                | 24C. FUNERAL DIRECTOR ADDRESS  |
|  |                          |  |
| SEP 1 3 1967 ( ) 0 6   | E, Stalley M.            | MORTON & JUETT 1701 LAURENS  |
| VS 151-REV. 1/1/65   |                          | em im i  |

. Lill 42 U D W stimmen A Espelan sull Steriot DEMIN. - Michaele Commandy 2833 Hack 16.74 MT. Antres Ballo. Buriah 9-16-69 Morrow + 1971 Trople - 070 of

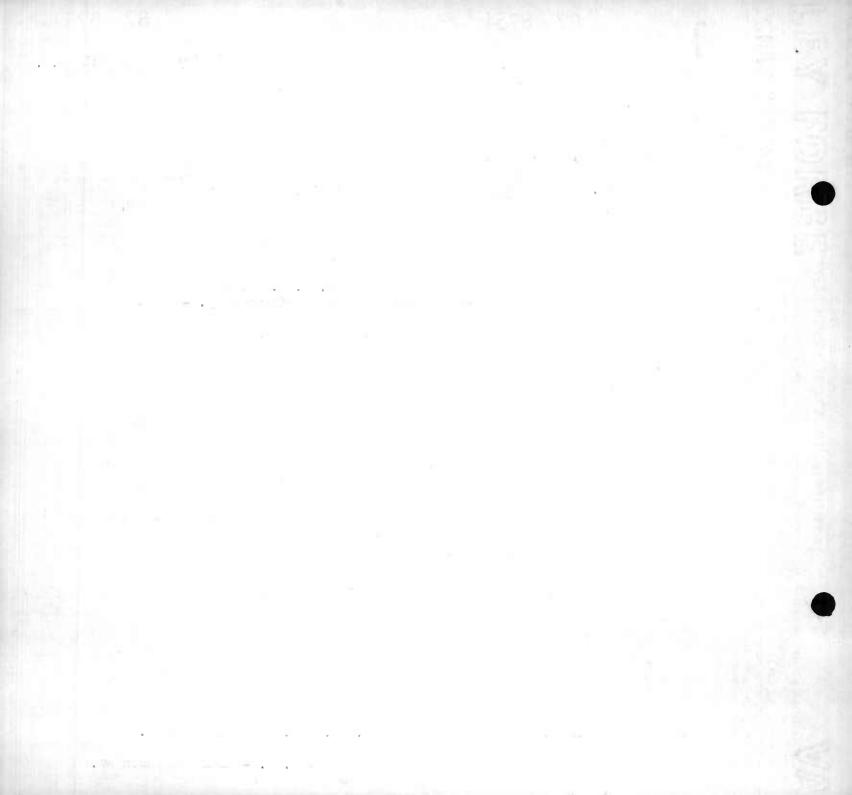
| 4-520  | 6/8/5/   | TE OF DEATH Projectered No. 67 8752  |
|--|--|--|
|  | E CASE NO.   |  |
| ● B _ S (Ty  | NAME OF DECEASED  (pe or Print)  NORA HAYNES   | 2. DATE AND HOUR OF DEATH  9 /9 //7 11:00 AM.  |
| - D 0 0 4 3.   | PLACE OF DEATH IN BALTIMORE, MARYLAND  | 4. USUAL RESIDENCE   Where deceased lived. II institution: residence before admission            |
| 900  | FULL NAME OF (If not in hospital or institution, give street   | Makyland District of Columbia)   |
|  | HOSPITAL OR oddress or location) INSTITUTION   | C. CITY OR TOWN (Il outside city limits, write RURAL and give township)                          |
| l in a nag cause; cause; artend ior to   | Sinai Hospi of Baltime Inc.  | D. STREET ADDRESS (If TOTAL GIVE (Schion)  |
| D.= L . //   | of Barriage Inc.   | 4304 penhukst Hre #15 (911 EVARTS  |
| occurre<br>ermined<br>regular<br>eased p   | SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  | 8. DATE OF BIRTH 9. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.         |
| E U T U E I don  | A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY new during most of working life, even if retired) | WHAT COUNTRY?  |
| P - D - D - D  | Ketired  | Warrington, N.C. U.S.A.  |
| 7. 2.20  | FATHERS NAME   | 14. MOTHER'S MAIDEN NAME   |
|  | Henry Doone  | Ella Boone   |
| kind;<br>death<br>ce on  | Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  | 17. INFORMANT ADDRESS WASH D.  |
|  | 578-64-4306<br>CAUSE OI  | TIE MARCY FISTON 911 EVANTS St. N. E.  |
| - 0 TO 0   | DISEASE OR CONDITION DIRECTLY  | F DEATH ONSET AND DEATH  |
| Also, e of a nounce attended on the second of the second o | LEADING TO DEATH   | Renal Shutdown 72 hours  |
| 0 - 0 - 0  | (This does not meen the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,                    |  |
| C 0 2 F  | injury of complication which coused death.)  ANTECEDENT CAUSES (B)   | Hepatorenel syndrome 5 days  |
| who reg  | DISEASES OR CONDITIONS, if any, giving   | Hepatorenel syndrome 5 days<br>hronic myelocytic leukemia 11/2 xears                             |
| S = . = S  | rise to the obove couse (A) stoling the (C) C UNDERLYING CONDITION tost.   | h Rome myelocy tic leukemin 1 " + ears   |
| a s a s  | 11   |  |
| physici<br>an was<br>remai   | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  |  |
| he re  | DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION                                | 20A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED                                  |
| hysici<br>ore the  | WAS PERFORMED  | IN CERTIFYING CAUSES OF DEATH?   |
| befor  | OP CONTRIBUTING CAUSE OF   | n or about 21 C. WHERE DID (If in Boltimore City, give exact location) fice bldg., INJURY OCCUR? |
| 71 0   |  | 21F. HOW DID INJURY OCCUR?   |
| WE WE  |  | e 🦳  |
| D.C.   | 22. I certify that (I) (this hospital) attended the deceased from  | 0/2 111 0/4/ 69  |
| 0  | that (1) (we) lost sow the deceased alive on   | 19 ond that in(my) (our) opinion death accurred on the date                                      |
| 2  | and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.                             |  |
| must   | 23A. SIGNATURE   | 23B. DATE SIGNED   |
| 5  | Martin S. Liberman M.D. Atte   | anding Med. Stoff Phys. 4/9/67   |
| >  | 23C.PHYSICIAM'S<br>NAME IType)   | 23D. ADDRESS   |
| ppro   | MARtin S. Liberman M.D.  | Sinai Hosp. of Baltimole   |
| 24.  | A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)            |  |
| 25   | BURIAL 9-13-61 KINCULN Mem.  A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR   |  |
| 23   | DEED S D 4007 A D C T. D   | MAPLANS Duett EH 1701 LOUPENS ST   |
|  | 150-REV. 1/1/65  | I TO VANCES OF   |

THE TOTAL PROPERTY. S. In Thronds A W. J. M. Henry Brown Brown Alleton 911 H. E. J. W. \_ netport will STATEMENT HE MARCY Alston ALL EVENTS SI IN A de la constante de la consta Martin Committee Services on as we haveled than Con suchington and Hordon C Part + H 1981 LAURENS THE

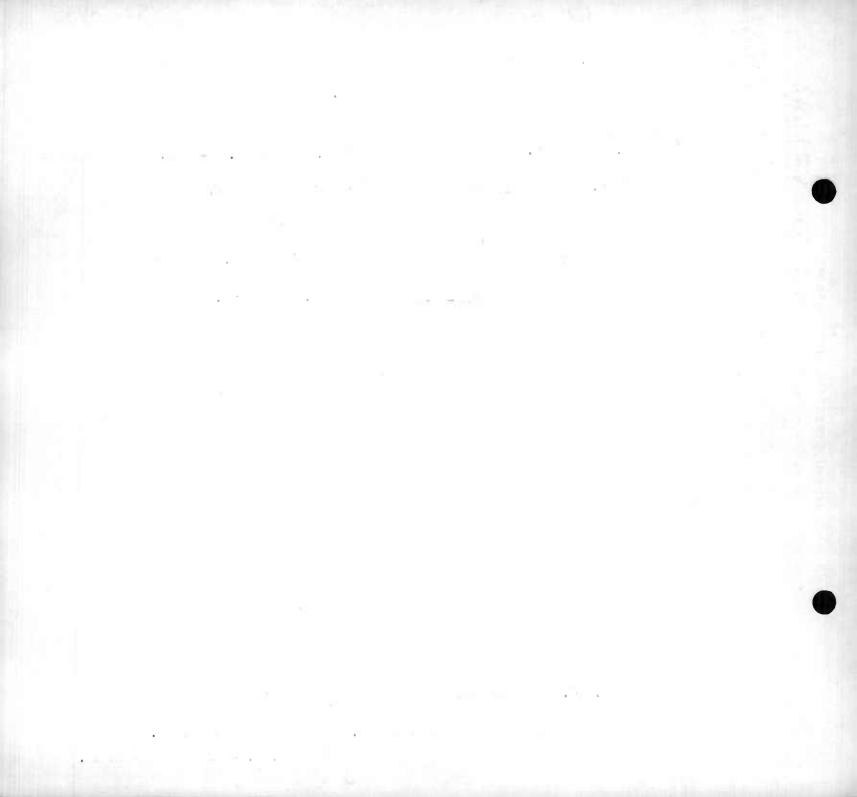
|           | CH OPE  | BALTIMORE CITY HEALTH DEF   | PARTMENT  | OP O  |
|-----------|---|---|---|---|
|           | eth No. 07. 875   | CERTIFICATE OF I  | DEATH Registered No                                 | 67. 8753  |
| 1,1       | LE CASE NO.  NAME OF DECEASED  Pe or Print)  Mary Sohl  |   | 2. DATE AND HOUR OF DEATH<br>Sept 12, 1967          | 6:30 A.M.   |
| 3.        | PLACE OF DEATH IN BALTIMORE, MARYLAND   | 4. USUAL RE   |   | institution: residence before odmission)                  |
|           | FULL NAME OF (If not in hospital or institution, give addless or locotion)  NSTITUTION  ittle Sisters of the Polynomial | sheet Mary  | land rown (If outside city limits, write            | RURAL and give township)                                  |
|           | Baltimore, Md. 21202  | 1200  | Valley St.,   |   |
|           | F W   | olvorced (specify)  B. DATE OF B  apr. 2  | 7, 1887 9. AGE (tn yeors lost birthday) 80          | If Under 1 Yr. If Under 24 Hrs.<br>Months: Days Haus Min. |
| dar       | A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU  | ISINESS OR INDUSTRY 11. BIRTHPLA  | CE (State or foreign country)                       | 12. CITIZEN OF<br>WHAT COUNTRY?                           |
|           | lousewife   | Baltim  | ore   | U 5 A   |
| 3.        | FATHER'S NAME   | 14. MOTHERS   | MAIDEN NAME   |   |
|           | John Kaufman  | Kath  | erine Minick  |   |
| 5.<br>Y e | Was Deceased Ever in U. S. Armed Forces? es, no at unknawn) (If yes, give war at dates of service)  | SOCIAL 17. INFORMAL SECURITY NO. 15-01-3768 D Litt.                             | TN C  | ADDRESS   |
| _         | 18. 7 / 0 X 1   | CAUSE OF DEATH  |   | INTERVAL BETWEEN  |
|           | DISEASE OR CONDITION DIRECTLY   | m.  | 11/10   | A ONSET AND DEATH   |
|           | LEADING TO DEATH  | (A) YOIRSSOUL   | mucearded in  | lactur  |
|           | (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease,  | DUE TO  | 7   | _   |
|           | injury ar camplication which caused death.)   | Diale   | tes modfille  | 10  |
|           | ANTECEDENT CAUSES   | DUE TO  |   | ***************************************                   |
|           | DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.   | (C) Q-S, C,   | tes mellile   |   |
| ATION     | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |   |   |   |
| CERTIFICA | 19A. DATE OF OPERATION 19B. CONDITION FOR WHI   | CH OPERATION 20A. AUTO  | PSY? (Yes at Na) 208, IF YES, WERE IN CERTIFYING C. | FINDINGS CONSIDERED AUSES OF DEATH?                       |
| CAL CE    | OR CONTRIBUTING CALLES OF   | ACE OF INJURY (e.g., in or about 21C. form, factory, street, affice bidg., INJU | WHERE DID (If in Boltima<br>IRY OCCUR?              | re City, give exact location)                             |
| MEDIC     | 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E. IN While (APPROX.)  |   | HOW DID INJURY OCCUR?                               |   |
|           | 22. I certify that (1) (this hospital) attended the   | deceosed from   | 1966 to S   | ept 12, 1967  |
|           | that (I) (we) lost sow the deceased alive on.   | epst 12. 196  | ,   | inion death occurred on the dat                           |
|           | and hour and from the causes stated above. (1)  | Ne) (did) (did not) view the body   |   |   |
|           | 23A. SIGNATURE Lanley Anke  | Attending Phys.   | Med. Stoff Director Phys.                           | 23 B. DATE SIGNED   |
|           | 23C.PHYSICIAM'S<br>NAME (Type)<br>Stanley Ankudas   | 23D. ADDRESS  |   | Balt. Md.   |
| 24/       | A. BURIAL CREMATION, 24B. DATE 24C, NAM   | E of CEMETERY OF CREMATORY  |   | City, tawn, ar county) (State)                            |
| 254       | A. DATE REC'D BY HEALTH BEPT.   258, NAME OF ,  | ly Rollemer   | RAL DIRECTOR  | and Address 202   |
| Ĩ         | SEP 13 1967 R.C. & E  | Janey Fill De   | lin Herura Som                                      | Onlgans at  |
| 5         | 150-REV. 1/1/65   | 1000  | 77  | 37  |



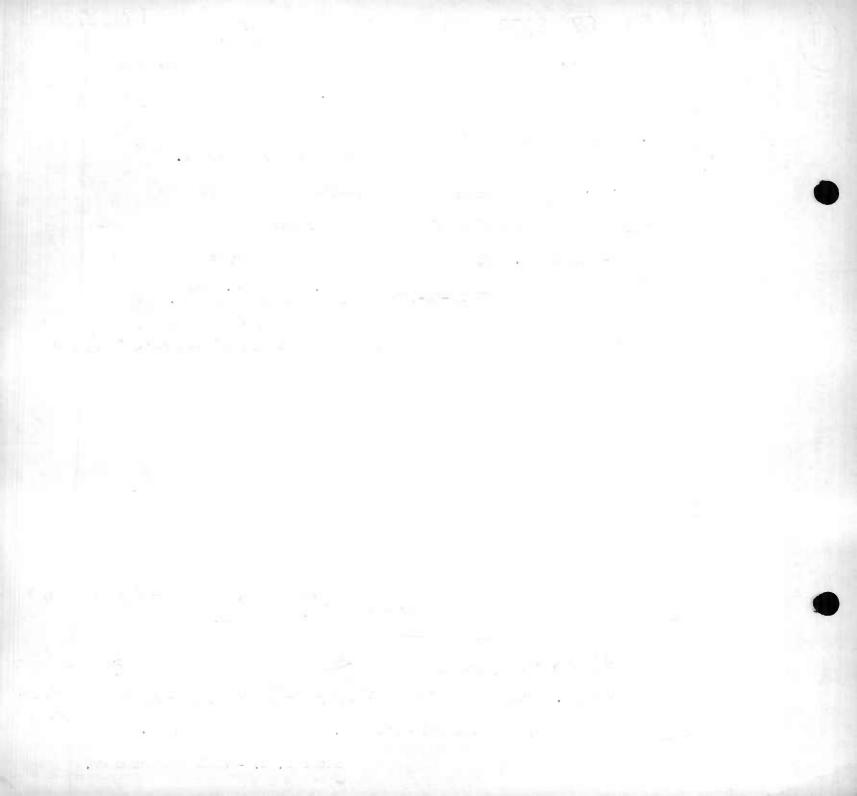
| ype or Print   | DECEASED   |  |  | 2. DATE AND   | HOUR OF DEATH  |  |
|--|--|--|--|---|--|--|
|  | Mod Drd  | THE A ME T   | AMD  | (Dirie  | 0/11/67  | 1:15 A.M.  |
| PLACE OF   | DEATH IN BALTIMORE, M  | THA M. I   | AVIT   | A. STATE B. COUNT   | TY .   | 1:15 A.M.  |
| FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location)  CHURCH HOME AND HOSPITAL  |  |  | 4609 MANORDENE ROAD  C. CITY OR TOWN (II outside city limits, write RURAL and give township)  BALTIMORE, MARYLAND 21229  |   |  |  |
|  |  |  |  |   |  |  |
| SEX F  | 6. RACE  | 7. MARRIED,<br>WIDOWE  | NEVER MARRIED D, DIVORCED (specify)  | B. DATE OF BIRTH 9.   | ost birthdoy)  | If Under 1 Yr. If Under 24 H<br>Months Doys Hours Min.   |
|  | OCCUPATION (Give kind of we ost of working life, even if retired   | ork 10B, KIND OI   |  | 11. BIRTHPLACE (State or foreig   | gn country)  | 12. CITIZEN OF WHAT COUNTRY?   |
| FATHER'S   | N A A A F  | ONEMI  | תעוואר   | 14. MOTHER'S MAIDEN NAM   | A E  |  |
|  | CHRTIS GARMAN  |  |  | NOLA KING   | 16   |  |
| . Was Dece<br>es, no or unk  | nown) (If yes, give wor or do  | orces?<br>oles of service)   | 16. SOCIAL<br>SECURITY NO.<br>216 32 9485  | 17. INFORMANT H. Re<br>Mrs. E. H. Re<br>3109 Northern   |  | ADDRESS  |
| 18.  | 2111   |  | CAUSE O  |   | 1 2200 3 - 2   | INTERVAL BETWEEN   |
| -  | SEASE OR CONDITION D   | DIRECTLY   |  |   |  | ONSET AND DEATH  |
|  | LEADING TO DEAT  |  | 4.83   | Culo Vascular   | acciden  | 1 Hours  |
| 191.   |  |  |  |   |  | 7900   |
|  | oes not mean the mode  |  | DUE 10   |   |  |  |
| heort fai  | lure, asthenia, etc. It meor   | is the diseose,  | DUE 10   |   | TERROR   |  |
| heort fai  | lure, asthenia, etc. It meor<br>r complication which couse   | ns the diseose,<br>ed death.)  | DUE 10   |   | 10 000 PP 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | 45 148   |
| heort fai  | lure, asthenia, etc. It meor<br>complication which couse<br>ANTECEDENT CAUS  | ns the disease,<br>ad death.)  | (B)  |   |  |  |
| heort fai  | lure, asthenia, etc. It meore<br>complication which couse<br>ANTECEDENT CAUSI<br>ES OR CONDITIONS, if  | ns the disease,<br>ad death.)<br>ES<br>any, giving   | (B)  |   |  |  |
| heori fai<br>injuly of<br>DISEASI<br>rise fa   | lure, asthenia, etc. It meor<br>complication which couse<br>ANTECEDENT CAUS  | ns the disease,<br>ad death.)<br>ES<br>any, giving   | (B)  |   |  |  |
| heori fai<br>injuly of<br>DISEASI<br>rise fa   | lure, asthenia, etc. It meor<br>complication which couse<br>ANTECEDENT CAUSE<br>ES OR CONDITIONS, if<br>the obove cause (A<br>YING CONDITION lost.   | ns the disease,<br>ad death.)<br>ES<br>any, giving   | (B)  |   |  |  |
| DISEASI  | Ilure, asthenia, etc. It meory complication which couse ANTECEDENT CAUSE SOR CONDITIONS, if the obove cause (ALYING CONDITION lost.  | ans the disease, and death.)  ES  any, giving the statistic to the contribution that the contribution that the contribution that the contribution the contribution that the cont | (B) DUE TO   |   |  | Yun  |
| DISEASI  | ANTECEDENT CAUSE  SOR CONDITIONS, if the obove cause (A. YING CONDITION lost.  SIGNIFICANT CONDITIONS E DEATH BUT NOT RE COR CONDITION CAUSING E OF OPERATION 19B. CO  | ns the discose, and death,) ES  any, giving ) stating the  CONTRIBUTIN LATED TO THE  | (B) DUE TO (C) G G Fulm.   | Enghyses [20A. AUTOPSY? (Ves or No)]  | na   | FINDINGS CONSIDERED AUSES OF DEATH?  |
| DISEASI nise to UNDERI   | ANTECEDENT CAUSE  SOR CONDITIONS, if the obove cause (A. YING CONDITION lost.  SIGNIFICANT CONDITIONS E DEATH BUT NOT RE COR CONDITION CAUSING E OF OPERATION 19B. CO  | any, giving the discose, any, giving the contribution to the contribution for the contributio | G Pulm.  WHICH OPERATION  L. PLACE OF INJURY (e.g., in the, form, foctory, street, of  | Englipe   | 20B. IF YES, WERE<br>IN CERTIFYING CA  | Yun  |
| DISEASI IN DERIVED TO THER TO THE DISEASI IPA. DATE DISEASI IPA. DATE DISEASI IPA. DE  | ANTECEDENT CAUSE  SOR CONDITIONS, if the obove cause (A. YING CONDITION lost.  SIGNIFICANT CONDITIONS E DEATH BUT NOT RECORD CONDITION CAUSING CONDITION CAUSING CONDITIONS TO THE CONDITION CAUSING CONDITIONS TO THE CONDITION CAUSING CONDITION CAUSING CAUSE OF CONDITION CAUSE OF CONDITION CAUSING CAUSE OF CAU | any, giving any, giving stating the  CONTRIBUTIN LATED TO THE SIT. CONDITION FOR ERFORMED  | G Pulm.  WHICH OPERATION  L. PLACE OF INJURY (e.g., ine., form, foctory, street, of  | 20A. AUTOPSY? (Jes or No)  n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?   | 20B. IF YES, WERE<br>IN CERTIFYING CA  | FINDINGS CONSIDERED AUSES OF DEATH?  |
| DISEASI nise to UNDERI TO THE TO THE DISEASE TO THE DISEASE TO A CONCORD CONCORD TO THE TO TH | Idure, asthenia, etc. It meory complication which cousts and the complication which cousts are complication which cousts are complicated as a complication of the comp | any, giving any, giving the CONTRIBUTIN LATED TO THE STILL CONTRIBUTION FOR ERFORMED  218 home etc.  | G Pulm.  WHICH OPERATION  L. PLACE OF INJURY (e.g., in the, form, foctory, street, of  | 20A. AUTOPSY? (VES OF NO)  n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?  | 20B. IF YES, WERE<br>IN CERTIFYING CA  | FINDINGS CONSIDERED AUSES OF DEATH?  |
| DISEASI IN DERIVED TO THER TO THE DISEASE IN | Idure, asthenia, etc. It meory complication which cousts and the complication which cousts are complication which cousts are complicated as a complication of the comp | any, giving any, giving the CONTRIBUTIN LATED TO THE STILL CONTRIBUTION FOR ERFORMED  218 home etc.  | G Pulm.  GE Pulm.  WHICH OPERATION  L. PLACE OF INJURY (e.g., in the, form, foctory, street, of the control of  | 20A. AUTOPSY? (Ves or No)  n or obout 21C. WHERE DID find bldg., INJURY OCCUR?  | 20B. IF YES, WERE IN CERTIFYING CA   | FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact location)  |
| DISEASI IN TO THE TO THE DISEASI TO  | Idure, asthenia, etc. It meory complication which cousts and the complication which cousts are complication which cousts are complicated as a complication of the comp | any, giving the CONTRIBUTIN LATED TO THE ST. CONTRIBUTION FOR ERFORMED  218 hometc.  (Hour) 218 Wh. Wa   | G Pulm.  GE Pulm.  WHICH OPERATION  L. PLACE OF INJURY (e.g., in the, form, foctory, street, oil   | 20A. AUTOPSY? (Ves or No)  n or obout 21C. WHERE DID find bldg., INJURY OCCUR?  | 20B. IF YES, WERE IN CERTIFYING CA   | FINDINGS CONSIDERED AUSES OF DEATH?  |
| DISEASI nise to UNDERI  OTHER TO THE DISEASE 19A. DATE 1 | Ilure, asthenia, etc. It meory complication which couse complication which couse ANTECEDENT CAUSE  ES OR CONDITIONS, if the obove cause (A.YING CONDITION lost.  II SIGNIFICANT CONDITIONS E DEATH BUT NOT REFOR CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITIONS TRIBUTING CAUSE OF condity medical examiner)  E (Month) (Doy) (Yeory)  rtify that (I) (this hospit   | any, giving the CONTRIBUTIN LATED TO THE LATED TO THE LATED TO THE CONTRIBUTION FOR ERFORMED    1  | G Pulm.  GE Pulm.  WHICH OPERATION  L. PLACE OF INJURY (e.g., in the, form, foctory, street, of the deceased from the de | 20A. AUTOPSY? (Jes or No)  n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJU  | 20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimor  | FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location)   |
| DISEASI inse to UNDERI TO THE TO THE DISEASE TO THE | Ilure, asthenia, elc. It meore complication which couse complication which couse ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (ALYING CONDITION IOST.  SIGNIFICANT CONDITIONS E DEATH BUT NOT REFOR CONDITION CAUSING WAS PIECE OF OPERATION 19B. COWAS PIECE OF OPERATION CAUSE OF Instity medical examiner (Month) (Doy) (Year of the county) (Y | any, giving the CONTRIBUTIN LATED TO THE IT. NOTION FOR ERFORMED    1  | G Pulm.  GE Pulm.  WHICH OPERATION  L. PLACE OF INJURY (e.g., in ne, form, foctory, street, of the control of t | 20A. AUTOPSY? (Ves or No)  n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJU  8-26. 19  | 20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimor  | FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact location)  |
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| CERTIFICATE OF DEATH Registered No.  | CEDTIE                                | 8755   | 67   | NO.  | HRTH                       |
|--|---------------------------------------|--|--|--|----------------------------|
| 2, DATE AND HOUR OF DEATH  | CLKIII                                |  | SED  | CASE NO.   |                            |
|  |                                       | metter   | nnie E. Wede   | D 1 13   |                            |
| September 11, 1967   |                                       |  | H IN BALTIMORE MA  |  | . PL                       |
| A. STATE B. COUNTY   | freet                                 | or institution, giv  | (If not in hospital address or locatio   | LL NAME O  | FU                         |
| Baltimore  |                                       |  |  | MOITUTITE  | INS                        |
| D. STREET ADDRESS (If rurol, give location)  |                                       | Aged Home  | eral German  | Ger  | 0                          |
| 22 S. Athol Av Gen. German Aged  |                                       | e.   | S. Athol Av  | 22   | 7                          |
| NEVER MARRIED DIVORCED (specify)  B. DATE OF BIRTH 11/17/79  9. AGE (In years   If Under 1 Yr.   If Under 1 Days   Hours   S7  |                                       |  | Cauc.  |  | F. SEX                     |
| BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Mar yland  12. CITIZEN OF WHAT COUNTRY?  USA   | NESS OR INC                           | 10B, KIND OF B   | ATION (Give kind of working life, even if retired)   |  |                            |
| 14. MOTHER'S MAIDEN NAME   |                                       |  |  | THER'S NAM   | 3. FA                      |
| Catherine R. Steinbach   |                                       |  | Widemeyer  | Anton  |                            |
| 16. SOCIAL SECURITY NO. 17. INFORMANT General German Aged Home 214-03-0898A 22 S. Athol Ave.   | ECURITY NO.                           | s of service)  | ver in U.S. Armed Fo<br>f yes, give wor or dote  |  |                            |
| CAUSE OF DEATH INTERVAL BETW   | CA                                    |  |  | 410  | 18                         |
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| rk At Work   |                                       | ) attended the   | nat (l) (this hospita  | 2. I certify   | 2:                         |
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VS 150-REV. 1/1/65



WESTERN

24C. FUNERAL DIRECTOR LWA

ADDRESS

REMOVAL (Specify)

VS 151-REV. 1/1/65 C

DURIAL

24A. DATE REC'D BY HEALTH DEPT.

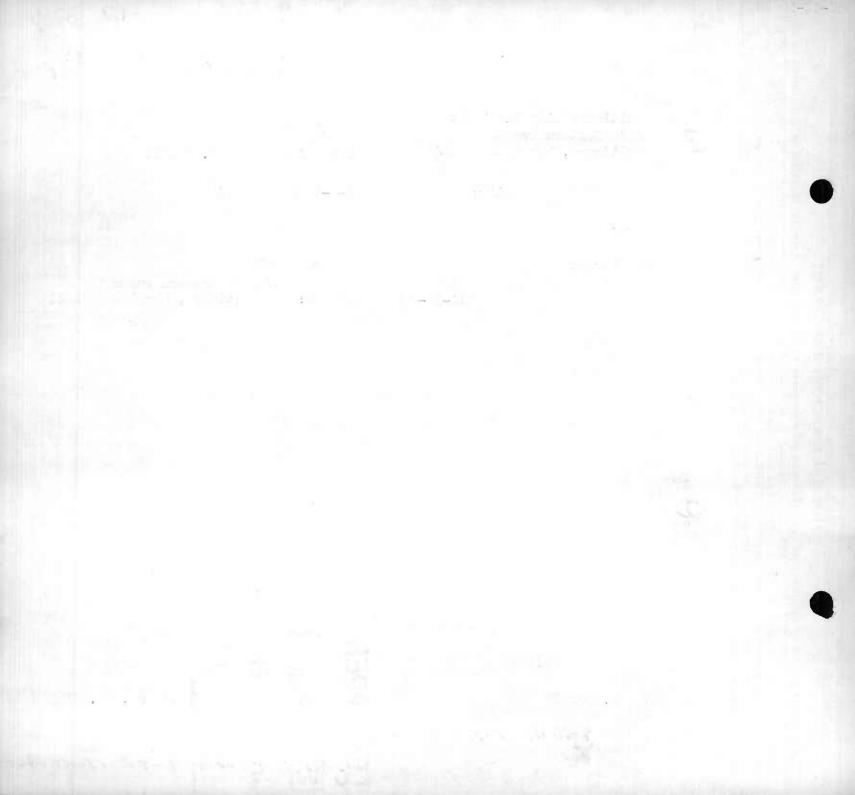
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24R NAME OF REGISTRAR

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| M.E. CASE NO   |  |  | CERTIFICA  |  | D HOUR OF DEATH  | 4   |  |
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| Type or Print)   | A PMSTRONG Toby  | Moslow.  |  | 0.   | -12-67   | 1 1   | :40 A  |
| PLACE OF   | ARMSTRONG John   | RYLAND   |  | 4. USUAL RESIDENCE (Whe  | re deceased lived, II  |   |  |
|  |  |  |  | MARYTAND B. COUN   | ALTIMORE CI  | mv  |  |
| HOSPITAL   | OR oddress or location   | or institution, give s   |  |  | tside city limits, write   | Aller Aller   | va township  |
| INSTITUTION  | VETERANS ADMIN   | NISTRATION   | HOSPITAL   | BALTIMORE  | raide city illinia, white  | KO AL OILO  |  |
| 21   | 3900 LOCH RAVE   | EN BOULEVAR  | RD   | D. STREET ADDRESS (If rurol, give location)  |  |   |  |
| A. /   | BALTIMORE, MAI   | RYLAND 212   | 218  | 4903 St GEO  | RGES AVENUE  |   |  |
| S. S.EX  | 6. RACE  | 7. MARRIED, NEV  |  | B. DATE OF BIRTH   | 9. AGE (In years   | II Under 1  | Yr. If Under 24  |
| MALE   | NEGROID  | MARRIED  | ORCED (specily)  | 10-21-06   | 10st birthdoyl   | Months Do   | ys Hours Mir   |
| OA. USUAL O  | CCUPATION (Give kind of work   |  | NESS OR INDUSTRY   | 11. BIRTHPLACE (State or fore  |  | 12. CITIZEN   |  |
|  | at of working life, even if retired)   |  |  | D 4 T MT1 40 T 1   |  |   | COUNTRY?   |
| GUARD<br>3. FATHER'S   | DUTY   | GENR'L ST  | VC ADMIN   | BALTIMORE, M   |  | U. S  | 6. A.  |
|  |  |  |  | 14. MOTHERS MAIDEN NA  |  |   |  |
|  | ARMSTRONG  |  |  | CATHERINE CU   |  |   |  |
| S. Was Decea<br>Yes, no or unkn  | used Ever in U. S. Armed For<br>own) (If yes, give wor or date   |  | OCIAL<br>SECURITY NO.  | 17. INFORMANT VA HOS   | PITAL RECOR  | DS A  | DDRESS   |
| YES  | 11-18-42 TO 8  |  | 3-03-4213  | 3900 LOCH RAVE   |  |   | MD. 21218  |
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| OTHER SI<br>TO THE<br>DISEASE<br>19A. DATE<br>21A. ACC<br>OR CONT<br>DEATH (n<br>21D. TIME<br>OF INJUR<br>(APPROX.)  | ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) (ING CONDITION lost.  CONDITION IN THE A OR CONDITION CAUSING I OF OPERATION | ONY, giving stoling the CONTRIBUTING ATED TO THE IT.  218. PLAC home, lor etc.)  (Hour) 21E, INJU While At Work  | (B) DUE TO  (C)  H OPERATION  CE OF INJURY (e.g., im, foctory, street, output)  JRY OCCURRED  Not Whith At Work  | 20A. AUTOPSY? (Yes or No NO NO nor obout 21C. WHERE DID INJURY OCCUR?  | 20B. IF YES, WERE IN CERTIFYING C  | E FINDINGS CO   | NSIDERED<br>TH?  |
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| NOUTHER SID UNDERLY OTHER SID TO THE DISEASE 19.A. DATE 21.A. ACCOR CONT DEATH (n 21.D. TIME OF INJUR (APPROX.) 22. I cert that 20 (1)   | ANTECEDENT CAUSES OR CONDITIONS, if The obove couse (A) VING CONDITION lost.  CONDITION CAUSING I OF OPERATION 19B. CON WAS PERI OR CONDITION CAUSING I OF OPERATION 19B. CON WAS PERI OR CONDITION CAUSING I OF OPERATION 19B. CON WAS PERI OR CAUSE OF Oiling CAUSE OF Oiling medical examined  (Month) (Doy) (Year)  OF OPERATION 19B. CON WAS PERI OR CAUSE OF OILING CAUS | ony, giving stoling like  CONTRIBUTING ATED TO THE LT.  IDITION FOR WHICH FORMED  218 PLAC home, lonetc.)  (Hour) 21E INJU While At Work  (I) attended the deed alive an 12  | (B) DUE TO  (C)  H OPERATION  CE OF INJURY (e.g., in, foctory, street, or in the str | 20A. AUTOPSY? (Yes or No NO NO n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJ  | 20B. IF YES, WERE IN CERTIFYING C  | E FINDINGS CO<br>AUSES OF DEA<br>Ore City, give e                             | NSIDERED (TH?  |
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| NOUTHER SIT OF THE PROPERTY OF | ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) (ING CONDITION lost.  III GNIFICANT CONDITIONS CAUSING I OF OPERATION 198. COND WAS PERI IDENT WAS UNDERLYING RIBUTING CAUSE OF oitify medical examines)  (Month) (Doy) (Year) Y  INTERIOR CAUSE OF oitify that (**(this hospital we) last sow the decease and fram the causes state ATURE   | ony, giving stoling like  CONTRIBUTING ATED TO THE LT.  IDITION FOR WHICH FORMED  218 PLAC home, lonetc.)  (Hour) 21E INJU While At Work  (I) attended the deed alive an 12  | (B) DUE TO  (C)  H OPERATION  CE OF INJURY (e.g., or one) m, foctory, street, or one) JRY OCCURRED  Not Whith At Work precased fram SEPTEMBER  (did) (ASSESSE)   | 20.A. AUTOPSY? (Yes or No NO NO nor obout 21.C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJ  7 SEPTEMBER  19 67 ond the view the bady after death.  | OF LOS OF THE STATE OF THE STAT | SEPTEMB   | INSIDERED ITH?  ER 1967  accurred on the                   |
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| NOUTHER SI TO THE DISEASE UPA. DATE OF INJUR (APPROX.)  21 A. ACC OF CONT DEATH (APPROX.)  22 J. Cert that 20 (and hour 23 A. SIGN. NAM  | ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) ING CONDITION lost.  II GNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I OF OPERATION 19B. CON WAS PERI IDENT WAS UNDERLYING RIBUTING CAUSE OF offy medicol exominer)  (Month) (Doy) (Yeor) Y  If the the causes state ATURE  CIAN'S E (Type)  | Ony, giving stoling the CONTRIBUTING ATED TO THE IT.    218. PLAC home, lor etc.]  (Hour) 21E. INJU While At Work    1) attended the de ad alive an 12 ted abave. (# (We   | (B) DUE TO  (C)  H OPERATION  CE OF INJURY (e.g., im, foctory, street, or im,  | 20A. AUTOPSY? (Yes or No NO NO n or obout 21C. WHERE DID fiftce bldg., INJURY OCCUR?  21F. HOW DID INJ  2 SEPTEMBER  19 67 ond the view the bady after death.  ending Med. s. Director 123D. ADDRESS 3900 LOC BALTIMOR   | 20B. IF YES, WERE IN CERTIFYING C  (If in Boltime  URY OCCUR?  19 67 to 12  oot In 164) (our) of Phys. X  H RAVEN BOU  E, MARYIANI   | SEPTEMBI<br>Dinion death of<br>September 238, DATE S<br>September 238, DATE S | insidered ith?  ER 1967  accurred on the igned moer 12,    |
| NO THER SI TO THE DISEASE UPA. DATE OF INJUR (APPROX.)  21A. ACCORD OF CONT DEATH (n PPROX.)  22B. I cert that 20 (and hour 23A. SIGN NAM  | ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) ING CONDITION lost.  III GNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I OF OPERATION 198. CON WAS PERI IDENT WAS UNDERLYING RIBUTING CAUSE OF offity medical exomines)  (Month) (Doy) (Year) Y  Itify that (Matthew the decease and fram the causes state ATURE  CIAN'S E (Type)   | Ony, giving stoling the CONTRIBUTING ATED TO THE IT.    218. PLAC home, lor etc.]  (Hour) 21E. INJU While At Work    1) attended the de ad alive an 12 ted abave. (# (We   | (B) DUE TO  (C)  H OPERATION  CE OF INJURY (e.g., in foctory, street, or inverse of the control  | 20A. AUTOPSY? (Yes or No NO NO n or obout 21C. WHERE DID fiftce bldg., INJURY OCCUR?  21F. HOW DID INJ  2 SEPTEMBER  19 67 ond the view the bady after death.  ending Med. s. Director 123D. ADDRESS 3900 LOC BALTIMOR   | 20B. IF YES, WERE IN CERTIFYING C  (If in Boltime  URY OCCUR?  19 67 to 12  oot In 164) (our) of Phys. X  H RAVEN BOU  E, MARYIANI   | SEPTEMB  238. DATE S  Septe  JEVARD  21218                                    | exect locotion)  ER 1967 accurred on the lighted mider 12, |
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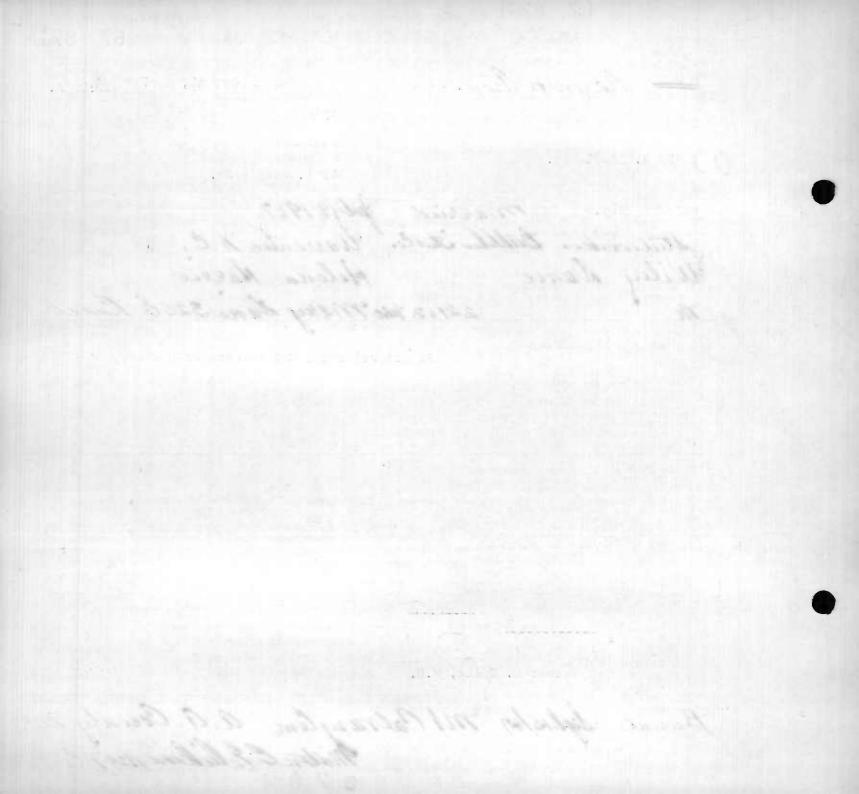
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67 8761 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8751

| M.E. CASE NO.   | EKITICALE OF DEATH MISSISSISSISSISSISSISSISSISSISSISSISSISS  |
|---|--|
| 1. NAME OF DECEASED   | 2. DATE AND HOUR PRONOUNCED DEAD   |
| ABRON Caron or aren DAVIS   | September 12, 1967 110:29 A. M.  |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  | 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET  | Maryland   |
| HOSPITAL OR ADDRESS OR LOCATION)  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township  Baltimore                   |
| 325 E. Biddle St.   | D. STREET ADDRESS (If rure), give locotion)  |
| J2J E. Biddle St.   | 325 E. Biddle St.  |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED  | B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.                                      |
| WIDOWED, DIVORCED (specify)   | lost birthdoy! Months, Doys, Hours, Min.   |
| Male Negro  10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR   | WIND BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF  |
| done during most of working lite, even if relired)  | YHAT COUNTRY?  |
| 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |
| 71/ile 10ame  | Weller Machini   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL  | 17. INFORMANT ADDRESS  |
| (Yes, no or unknown) (Yes, give wor or dotes of service) SECURITY NO.   | mound 1225 Billy   |
| 118. CAUSI  | E OF DEATH INTERVAL BETWEEN  |
| 7881/1  | E OF DEATH ONSET AND DEATH   |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteria  | osclerotic Cardiovascular Disease  |
| (This does not mean the made of dving e.g.  | Jacierotic Gardiovascurar Disease  |
| heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)   |  |
| ANTECEDENT CAUSES   |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  |  |
| UNDERLYING CONDITION LAST.  |  |
| Z (C)   |  |
| OF THE DEATH BUT NOT BELATED TO THE   |  |
| DISEASE OR CONDITION CAUSING IT.  |  |
| 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION   | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED   |
| WAS PERFORMED   | NO IN CERTIFYING CAUSES OF DEATH?  |
| ✓       21A. EXTERNAL CAUSE WAS         OUNDERLYING □ OR CONTRIB-       home, form, foctory, sheet,         UTING □ CAUSE OF DEATH.       etc.) | in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?       |
| 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED   | 21F. HOW DID INJURY OCCUR?   |
|   | WHILE VORK   |
| 22.   |  |
|   | ond that on this basis, death in my opinion  |
| resulted from: Natural couses X Accident Suicid   |  |
| ACTUAL 11/14 4.01 5-1   | CHIEF MEDICAL EXAMINER DATE SIGNED   |
| SIGNATURE WAS TO MED  | ASSISTANT MEDICAL EXAMINER X   |
| EXAMINER'S Werner U. Spitz, M.D.  | ASSOCIATE MEDICAL EXAMINER 9/12/67   |
| 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY  | or CREMATORY 23D. LOCATION (City, town, or county) (State)   |
| REMOVAL (Specify)   | man la a a Court me  |
| 24A. DATE REC'D BY HEALTH DEPT. 124B. NAME OF REGISTRAR   | 24C. PUNERAL DIRECTOR ADDRESS  |
| SEP 13 1067 An 20 2. 7  | milton & Gliber Mas 1 P.   |
| VS 151-REV. 1/1/65  | a a a a a a a a a a a a a a a a a a a  |



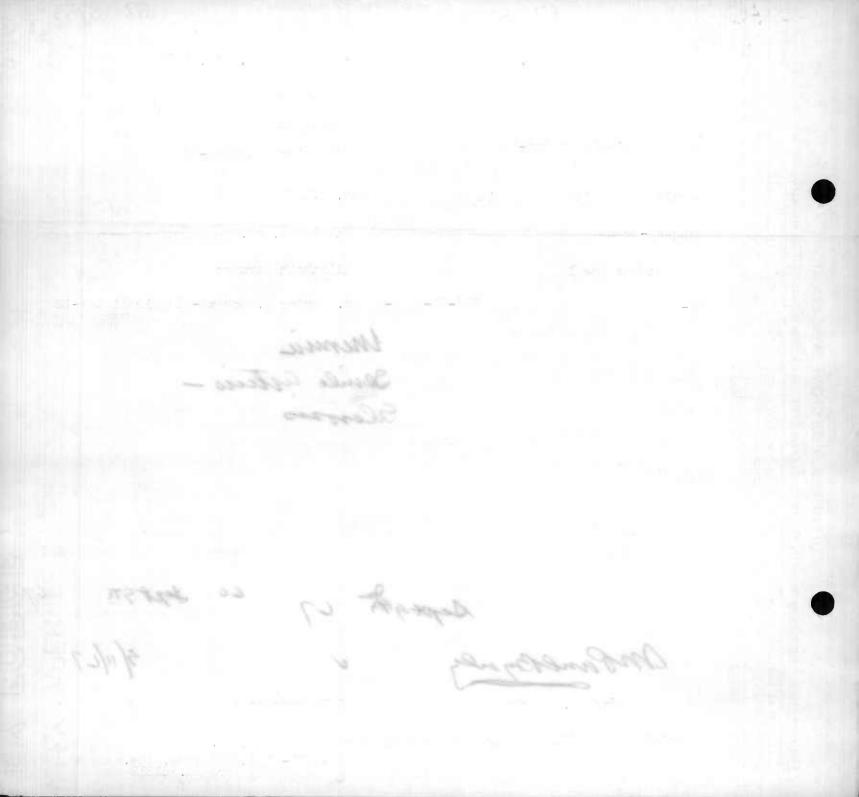
| 1-1-       | BALTIMORE  | CITY HEALTH DEPARTMENT   | on one  |
|------------|--|--|---|
| e on the 6 | BIRTH NO. 67. 8762 CERTIFIC  | CATE OF DEATH Registered No.   | 67 8762   |
| ath. Such  | (Type or Print) Clara Agnes Potter   | 2. DATE AND HOUR OF DEATH<br>Sept. 11, 196   | 57   12:25 P <sub>M</sub>                                 |
| 3          | FULL NAME OF HOSPITAL OR Oddress or location)  WS Public Health Service Hospital  3100 Wyman Pk. Drive   | A. STATE Md.  C. CITY OR TOWN (If outside city (imits, write RU Baltimore  D. STREET ADDRESS (If rure), give location) 6510 Banbury Road | Bull Con  |
|            | F. G. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify  | 3/12/89 78 XXX   | If Under 1 Yr. If Under 24 Hrs.<br>Months Doys Hours Min. |
|            | 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUdone during most of working life, even if retired)  Housewife  Own Home  | NJ   | 12. CITIZEN OF WHAT COUNTRY?                              |
|            | John Gibbons   | Mary Mc Cormick  |   |
|            | 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service)  20 31 32 33 34 35 36 37 37 38 38 38 38 38 38 38 38 38 38 38 38 38  | Records- US PHS Hospital,  | Balto, Md.  |
|            | LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. | Pulmonary insufficiency due to<br>hydropneumothorax Sequellae of ruptured duodenal<br>ulcer  |   |
|            | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   | le cardiopulmonary resuscitation   |   |
|            | 9/10/67   198. condition for which operation was performed left femoral  | artery/ yes   20A. AUTOPSY? (Yes of No)   20B. IF YES, WERE FIN IN CERTIFYING CAUS   | NDINGS CONSIDERED<br>SES OF DEATH?                        |
|            | 21 A. A CCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (home, lorm, foctory, streetc.)   | g, in or about 21C. WHERE DID ((I in Boltimore (in boltimore (in boltimore))); office bldg., INJURY OCCUR?                               | City, give exact location)                                |
|            |  | 21F. HOW DID INJURY OCCUR? While \( \sum_{\text{Vork}} \)  | 1 500   |
|            |  | 19 67 ond that in my) (our) opinion  |   |
|            | ond hour and from the causes stated above. () (We) (did) (did) (23A. SIGNATURE   |  | 3B. DATE SIGNED   |
|            | 23C.PHYSICIANS NAME (Type) Henry S. Crist, SA Surg (R)   | Attending Attending And Andrews Stoff Phys. 23D. ADDRESS  A.D. US PHS Hospital, Balto, 2121  | 9/12/67   |
|            | 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)  Burial 9/16/67 St. Peters  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR   | CREMATORY 24D. LOCATION (City.  New Brunswie   | town, or county) (State)                                  |
|            | SEP 1 4 1967, P.O. & E. January VS 150-REV. 1/1/65   | H.W.Jenkins & Sons Co<br>Balto.12  | 1905 York Rd  |

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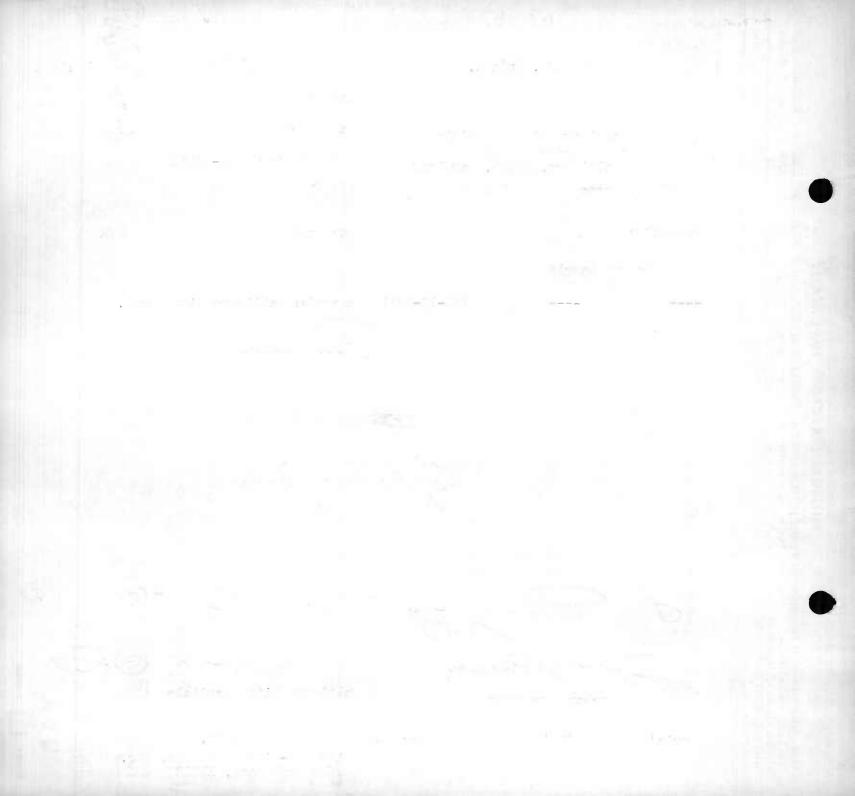
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|-----|---|--|
|     | De O P  | CERTIFICATE OF DEATH Reg ered No.  |
|     | l and<br>death<br>eased<br>n the<br>Such  | I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH  |
|     | -70 0 5   | (Type or Print) Edwards, Lona I. 9/13/1967 16:45 AN  |
|     | hospita<br>ise of<br>(5) Dec<br>ance o<br>death.                                | 3. PLACE OF DEATH IN BALTIMORE, MARTLAND  4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)  A. STATE B. SOUNTY  |
|     | se<br>se<br>and<br>de   | FULL NAME OF (If not in hospital or institution, give street)  |
|     | a ho<br>cause<br>se; (5<br>andan<br>to de                                       | HOSPITAL OR oddress or locotion) (If outside city limits, wite RURAL and give township)  |
|     |   | Union Memorial, Baltimore 12-02  |
|     | - E O B.E   | Hospital 3405 Oakenshaw Place  |
|     | F 3 0 0 0   | 5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years WIDOWED, DWORCED (specify) lost birthylay) (Months; Doys Hours; Min.   |
|     | occur<br>ontrik<br>ermin<br>regul<br>eased<br>is ma                             | F Cauc 11/12/82 84   |
|     | in ec   | dane during most of working life, even if retired)  1. STONEY POLINI WHAT COUNTRY?   |
|     | Unde<br>us in<br>de<br>sitio  | BETIRED - TEACHER EDUCATION VIVGINIA (45, A.   |
| _   | direct or collines; (4) Undet the was in the decolline disposition              | Brice W Fdinged S March March  |
| Z   | = - 73 - 0  | 15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS  |
| TA  | ister he he dec   | (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.   |
| ORT | H 0 0 L   | 18. CAUSE OF DEATH INTERVAL BETWEEN  |
| MP  | 8 ,000  | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   |
| 2   | Also<br>houn<br>atte  | (This does not mean the made of dying, e.g.,  (A)  DUE TO  |
| ~   | ctur.   | heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  |
| OR  | frac<br>frac<br>gul   | ANTECEDENT CAUSES (B)  |
| ECT | Xa X  | DISEASES OR CONDITIONS, if any, giving   |
| K   | (3) (3) an In                               | rise Ia the abave cause (A) staling the UNDERLYING CONDITION (ast.   |
| 0   | dical call call call call call call call  |  |
| A   | medical medical y burns; physicia ian was e remain                              | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |
| NER | ief<br>dy<br>e p<br>icia  |  |
| S   | ch<br>th<br>ys  | C C C C C C C C C C C C C C C C C C C  |
| 1   | tal by; (2)<br>here<br>No ph  | U 21A. A CCIDENT WAS UNDERLYING ☐ 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING ☐ CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR? |
|     | by the price whe whe do be  | Q 210. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  |
|     | hos<br>natu<br>(6)  | OF INJURY (APPROX.) While AI Not While AI Not While AI Not While AI Not While INTERPRETATION AI Work   |
|     | he h<br>ny ng<br>xce<br>and<br>btai   | 22. I certify that (I) (this hospital) attended the deceased from 1967 to 9//3 1967  |
|     | P   | that (1) (we) last saw the deceased alive an   |
|     | 970577  | and haur and fram the causes stated abave (1) We) (did) (did nat) view the bady after death.   |
|     | must be<br>eleased<br>ccident<br>a hospit<br>to deat                            | 23A. SIGNATURE   |
|     |   | Dany J. Welkers M.D. Attending Med. Director Phys. 23C. PHYSICIAN S/ 23C. PHYSICIAN S/ 23D. ADDRESS  |
|     | 0 - 0 - 0 >   | D ANAME (World )   |
|     | certificate m<br>sody was relate: (1) An acci<br>D.O.A. at a f<br>ased prior to | Mile. THE SKI OK TELLOKTAL TOST TIAL   |
|     | E TO O O C  | REMOVAL (Specify)  |
|     |   | Burial 9/15/1967 Woodlawn Baltimore County, Md.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR J25C. FUNERAL DIRECTOR G. ADDRESS.   |
|     | This ce<br>the boas:<br>shows:<br>was D.<br>deceas                              | SED 1 3 1967 D.O. A. C. January H.W. Jenkins & Sons Co. 4905 York Rd.  |
|     |   | VS 150-REV. 1/1/65  Balto 12, Md.  |

Union Memorial Baltimor Gakenshaw Hace 11/12/83 84 Cauc Minipally Co. and Company Brice W. Edwards Mary Marshall Filel E Edwards Bame Cardiacarreed ASC UD IN THE MIDDLE PROPERTY OF THE



|   | LE. CASE NO.   | 7 8766 CERTIFIC  |  |  |  |
|---|--|--|--|--|--|
| F 3 1.  | NAME OF DECEASED   |  | 2. DATE  | AND HOUR OF DEAT   | н  |
| E .   | THOMAS   | . Lula A.  |  | 9/9/67   | institution: residence before              |
| 3.  | PLACE OF DEATH IN BALTIMORE, MA  |  | 4. USUAL RESIDENCE (V  | Where deceased lived, II   | institution: residence before              |
| eat   |  |  |  | DUNII  | 12.02                                      |
| 90  | FULL NAME OF (If not in hospital HOSPITAL OR oddress or location   | or institution, give street  | Maryland   |  | Bace (                                     |
|   | INSTITUTION  | 100  |  | f outside city limits, write   | RURAL and give township)                   |
| 0   | - Baltimore C  | ity Hosptials  | Baltimore  |  | 33-00                                      |
| prior e.  | 3/ 4940 Easter   | A ATTOMOS  | D. STREET ADDRESS  | (If rural, give location)  |  |
| 7 9 9   | Deltimone  | n Avenue   | 414 Hopkin   | s Road-21212   |  |
| 5.  | SEX 6. RACE  | MARRIED, NEVER MARRIED   | B. DATE OF BIRTH   | 9. AGE (In years   | If Under 1 Yr. If Und<br>Months Doys Hours |
| B S E   | Female White   | WIDOWED, DIVORCED (specify)  | 3/23/1887  | lost birthdoy)   | Months Doys Hours                          |
| regular<br>eased p<br>is made   | A. USUAL OCCUPATION (Give kind of wor  |  |  |  | 12. CITIZEN OF                             |
| 2 6   | one during most of working life, even if retired)  |  | THE STATE OF STORE OF  | toreign coomity  | WHAT COUNTRY?                              |
| de  | Homemaker  |  | Maryland   |  | USA  |
| SD 0 13   | - FATHER'S NAME  |  | 14. MOTHER'S MAIDEN  | NAME   | Von  |
| spos 13   |  |  |  |  |  |
|   | Robert Laurie  |  |  |  |  |
| B 0 - 17  | . Was Deceased Ever in U. S. Armed Fo<br>es, no or unknown) (II yes, give wor or dot   | es of service) 1 6. SOCIAL SECURITY NO.  | 17. INFORMANT  |  | ADDRESS                                    |
| attendance attendance med or final  | cont mile cont cont  | 231-10-1011  | Records: Re  | ltimore City   | Hospt.                                     |
| or fi   | 18. 4/9 3 V  |  | OF DEATH   | LOTHIOI O OLOY   | INTERVAL BETY                              |
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|   | heoil failuie, asthenia, etc. Il means   |  |  |  |  |
| 200   | injuly or complication which coused  | d death.)  |  |  |  |
| o pro<br>gular<br>emba  | ANTECEDENT CAUSES  | (B)  |  | ~~~~   |  |
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| _ 0   | rise to the above cause (A)  |  | 5  |  |  |
| as in   | UNDERLYING CONDITION losi.   |  |  |  |  |
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| ysicic<br>was<br>mair   | OTHER SIGNIFICANT CONDITIONS   | CONTRIBUTING   | 11   |  |  |
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|                             | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such exitten approval must be obtained before the remains are embalmed or final disposition is made.   |   |
|                             | Tiffic<br>(1) A<br>(0) A.  |   |
|                             | s cer<br>ws:<br>s D.<br>s D.   |   |
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| ype or Print)   | Joseph   | ine T. Muller  |  | . 12, 1967  | Sept. 12, 1967  |  |               |
|---|--|--|--|---|---|--|---------------|
| PLACE OF D  | EATH IN BALTIMORE, MA  |  | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissing the state of the state o |   |   |  |               |
| HOSPITAL OR INSTITUTION oddress or locotion)  2901 Woodland Ave   |  |  | C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rural, give location)  2901 Woodland Ave.  |   |   |  |               |
|   |  |  |  |   |   |  | sex<br>Female |
|   | of working life, even if retired)  | Nurses Uniform Mfg.  | Baltimore, Md  |   | 12, CITIZEN OF WHAT COUNTRY?  |  |               |
| 3. FATHERS NA   | AME  | as Boblooch  | 14. MOTHER'S MAIDEN N  | ry Ferrica  |   |  |               |
| No Decease  | ed Ever in U. S. Armed Fo<br>wn) (If yes, give wor or dote   | rces?<br>se of service)  1 6, SOCIAL<br>SECURITY NO.  212-05-7935  | 17. INFORMANT Mrs. M. Kraut  | blatter,2903  | Woodland Ave.   |  |               |
| 18. / 7   | ASE OF CONDITION DI  |  | revona li  | 2   | INTERVAL BETWEEN ONSET AND DEATH  |  |               |
| heart failure   | nal mean the made af<br>a, asthenia, etc. Il means   | the disease,   |  |   |   |  |               |
| DISEASES rise to UNDERLYIN  |  | is the disease, death.)  (B)  DUE TO any, giving stating the (C)   |  |   |   |  |               |
| DISEASES rise to I UNDERLYIN  OTHER SIG   | a, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.  II  NIFICANT CONDITIONS (DEATH BUT NOT REL. R CONDITION CAUSING  | che disease, death.)  (B)  DUE TO  any, giving stating the (C)  CONTRIBUTING ATED TO THE IT.  JOINION FOR WHICH OPERATION FORMED   |  |   | FINDINGS CONSIDERED<br>AUSES OF DEATH?  |  |               |
| DISEASES rise to I UNDERLYIN  OTHER SIG TO THE DISEASE O 19A. DATE ( 21A. ACCID OR CONTRIL DEATH (not)  | a, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.  II  NIFICANT CONDITIONS (DEATH BUT NOT REL. R CONDITION CAUSING OF OPERATION 198. CONDITIONS (DEATH BUT NOT REL.)  | any, giving stating the (C)  CONTRIBUTING ATED TO THE IT.  HOLTON FOR WHICH OPERATION  | 20A. AUTOPSY? (Yes or  | No) 20B. IF YES, WERE<br>IN CERTIFYING CA                                       | FINDINGS CONSIDERED<br>AUSES OF DEATH?  |  |               |
| DISEASES rise to I UNDERLYIN  OTHER SIGN TO THE DISEASE OF THE CONTRIBUTION 21 A. ACCID OR CONTRI DEATH (not)   | a, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.   | contributing and the contribution of the disease, is death.)  (B)  DUE TO  any, giving stating the (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  (21 B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)  | n or obout 21 C. WHERE DID INJURY OCCUR?   | No) 20B. IF YES, WERE IN CERTIFYING CA  | AUSES OF DEATH?   |  |               |
| DISEASES rise to I UNDERLYIN  OTHER SIG TO THE DISEASE O 19A. DATE ( OR CONTRI DEATH (not)  21 D. TIME OF INJURY (APPROX.)  22. I certif that (I) (was  | a, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.  II NIFICANT CONDITIONS (DEATH BUT NOT REL. R CONDITION CAUSING OF OPERATION 198. CON WAS PER ENT WAS UNDERLYING BUTING CAUSE OF if medical examiner)  (Month) (Doy) (Year)  by that (I) (this hospital was away the decease and fram the causes stated the cause stated the cau | contributing any, giving stating the (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)  (Hour)  21E. INJURY OCCURRED  While At Not Whi At Work  I) attended the deceased from and ed alive an attended the deceased from attended the days. | 20 A. AUTOPSY? (Yes or land)  n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?  21 F. HOW DID IN  | No) 20B. IF YES, WERE IN CERTIFYING CA  | re City, give exact location)   |  |               |
| DISEASES rise to I UNDERLYIN  OTHER SIG TO THE DISEASE O 19A. DATE ( 19A. SIGNAT 19A. SIGNAT 23C. PHYSIC NAME | a, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.  II NIFICANT CONDITIONS (DEATH BUT NOT REL. R CONDITION CAUSING OF OPERATION 198. CON WAS PER (Month) (Day) (Year)  WAS UNDERLYING BUTING CAUSE OF (Month) (Day) (Year)  Ty that (I) (this hospital or the causes stated or the cause or the ca | contributing any, giving stating the (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)  (Hour)  21E. INJURY OCCURRED  While At Not Whi At Work  I) attended the deceased from and ed alive an attended the deceased from attended the days. | 20 A. AUTOPSY? (Yes or or or obout 21 C. WHERE DID fifice bidg., INJURY OCCUR?  21 F. HOW DID IN one of the bidy after death o | No) 20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimo)  NJURY OCCUR?  19 64 ta | AUSES OF DEATH?  THE City, give exact locotion)  Language City, give exact locotion)  Language City, give exact locotion) |  |               |

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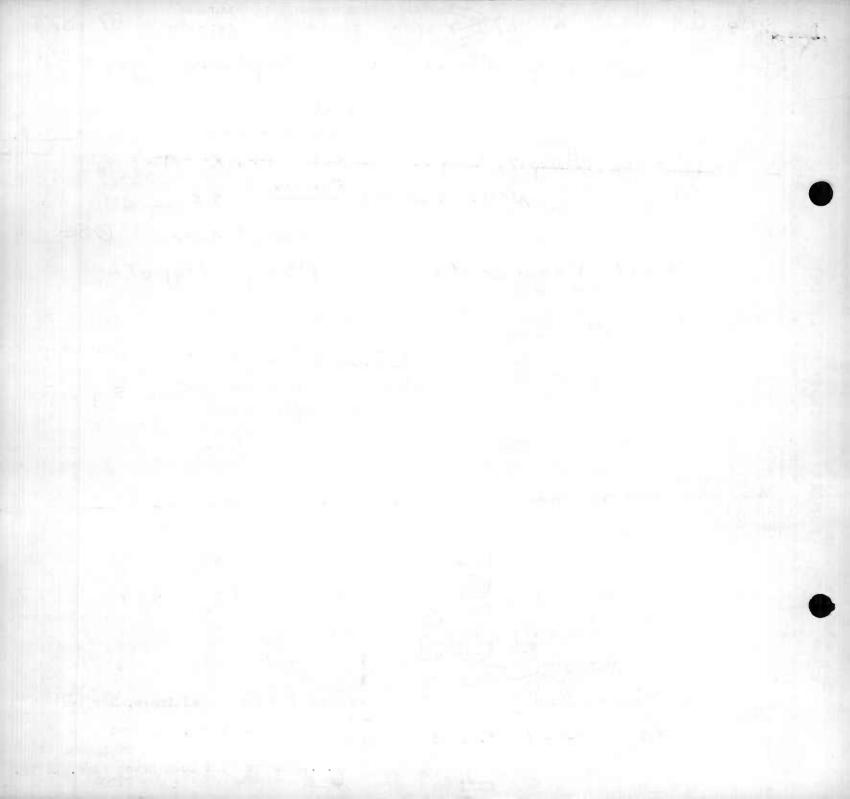
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VS 150-REV, 1/1/65

| 1-00                | 0   | OFIOE                | BALTIMORE CITY          | HEALTH DEPARTMENT  |                                    | C7 070                         | 0         |
|---------------------|---|----------------------|-------------------------|--|------------------------------------|--------------------------------|-----------|
| BIRTH NO.           | 6   | 8765                 | CERTIFICA               | TE OF DEATH  | Registered Na.                     | 0/ 0/0                         | 3         |
| M.E. CASE NO.       |   |                      |                         |  | D HOUR OF DEATH                    |                                |           |
| Type or Print)      | 100 GL  | IN A.                |                         | 9-   | 1-67                               | 4/40                           | 17 M      |
| B. PLACE OF D       | BEATH IN BALTIMORE, MA  | RYLAND               |                         | 4. USUAL RESIDENCE (When   |                                    | nstitution: residence before o | dmission) |
| FULL NAME           | OF (If not in hospital  | or institution, give | shoot                   | MARYLAND   |                                    |                                |           |
| HOSPITAL O          | R oddress or tocotion   | n)                   |                         |  | side city limits, write            | RURAL and give township)       | 05        |
|                     | BALTIMORE   | CITY HOS             | PITALS                  | BALTIMORE  |                                    | 12-                            | 00        |
| 31                  | 4940 EASTE  |                      | E COOL                  | D. STREET ADDRESS (If  | rural, give location)              |                                |           |
|                     | BALTIMORE,  | MARYLAN              |                         |  | RLES ST.                           | #21202                         |           |
| . SEX               | 6. RACE   |                      | IVORCED (specify)       | 8. DATE OF BIRTH   | 9. AGE (In years<br>lost birthday) | Months Doys Hours              | Min.      |
| MALE                | WHITE   |                      | RATE                    | 12-6-26  | 40                                 |                                |           |
|                     | CUPATION (Give kind of work of working life, even if retired) | 108. KIND OF BU      | SINESS OR INDUSTRY      | 11. BIRTHPLACE (Stote or forei   | gn country)                        | 12. CITIZEN OF WHAT COUNTRY?   |           |
|                     |   |                      |                         | MARWEAND )   | / VA.                              | USA                            |           |
| 3. FATHER'S N.      | AME   |                      |                         | 14. MOTHER'S MAIDEN NAM  | AE                                 |                                |           |
| FRI                 | <u> </u>  |                      |                         | VIRGIE   |                                    |                                |           |
| S. Was Deceos       | ed Ever in U. S. Armed Far                                    |                      | SOCIAL                  | 17. INFORMANT  |                                    | ADDRESS                        |           |
| 1/                  | wn) (If yes, give wor or dote                                 | S of service         | SECURITY NO.            | DECORDE DOU  | LOLO BACE                          | THE STEELS THE                 |           |
| 18.                 | 17 14 1   | 7                    | CAUSE O                 | RECORDS_BCH_   | 4940 EAST.                         | ERN AVENUE                     | EEN       |
| V 9                 | ASE OF CONDITION DIS  | ECTIV                | CAUSE O                 | , otalii   |                                    | ONSET AND DE                   |           |
| Dise                | LEADING TO DEATH  | RECTET               | - ST                    | mod. Dilleun   | & filmor                           |                                |           |
|                     | not meen the mode of  |                      | DUE TO                  |  |                                    |                                |           |
|                     | e, osthenio, etc. It meons<br>omplication which coused        |                      |                         | Smpn &   | of Tremer                          | 14                             |           |
|                     | ANTECEDENT CAUSES   |                      | (B)                     | 2.111/   |                                    |                                |           |
| DISEASES            | OR CONDITIONS, il   | ony, giving          | 00110                   |  |                                    |                                |           |
|                     | The obove couse (A) NG CONDITION lost.                        | stoting the          | (C)                     | ŵa pama amij 8 8 gama a ji ga pamggg () () () () a a papgga a pagga a pa |                                    |                                |           |
| ONDEREIT            |   |                      |                         |  |                                    |                                |           |
| OTHER SIG           | III<br>INIFICANT CONDITIONS C                                 | ONTRIBUTING          |                         |  |                                    |                                |           |
| E TO THE            | DEATH BUT NOT RELA  | TED TO THE           |                         |  |                                    |                                |           |
| 19A. DATE           |   | DITION FOR WHI       | CH OPERATION            | 20 A. AUTOPSY? (Yes or No  | 20B. IF YES, WERE                  | FINDINGS CONSIDERED            |           |
| 19A. DATE           | WAS PER   | - CRMED              |                         | YES  | YES                                | USES OF DEATH!                 |           |
| OR CONTRI           | BUTING CAUSE OF   | 21 B. PL             | ACE OF INJURY (e.g., in | fice bidg., INJURY OCCUR?  | (If in Baltimore                   | e City, give exact location)   |           |
|                     | ify medical examiner  | etc.)                |                         |  |                                    |                                |           |
| 21D. TIME           | (Month) (Doy) (Year)  | (Hour) 21 E, IN      | JURY OCCURRED           | 21F. HOW DID INJ   | URY OCCUR?                         |                                |           |
| S (APPROX)          | · Ni  | While Work           | At Work                 | • 🗆  |                                    |                                |           |
| 22 1                | fy that (V)(this haspital                                     |                      |                         | 8-36   | 9.67 to                            | 67-1 10                        | 67        |
| - North             |   |                      |                         |  | and.                               |                                |           |
|                     | e) last saw the decease                                       | 7                    |                         | 1 19 6 7 and the   | of in (my) (our) opl               | inian deoth occurred an        | the dote  |
|                     |   | red obave. (1) (V    | Ve) (did) (did nat) v   | iew the body ofter death.  |                                    |                                |           |
| 23A. SIGNA          | ) (   |                      | AA D AH                 | anding - Med -   | Stoff                              | 23B. DATE SIGNED               | 4         |
| 1                   | · Hesun   | June                 | M.D. Alte               | s. Med. Director   | Stoff<br>Phys.                     | 8-1-67                         | 1         |
| 23C. PHYSIC<br>NAME | TAN'S<br>(Type)   |                      |                         | 23D. ADDRESS   |                                    |                                | 1         |
| Di                  | R. P. DESMON  | D                    | M.D.                    | BCH-1+940 EAST   | ERN AVENU                          | E -BALTIMOR H                  | E.MD.     |
| AA. BURIAL C        | REMATION, 248. DATE   |                      | e of CEMETERY of CRE    |  | OCATION (C                         | ity, lown, or county)          | (Stole)   |
| Rupi                | B1 9-8-   | 67 Bal               | TIMANO                  | MATIONAI :   | BAITIN                             | LOVE MA                        | 2         |
| SA. DATE REC        | D BY HEALTH DEPT.   | 25B. NAME OF F       | REGISTRAR               | 25C. FUNERAL DIRECTOR  | 10/0/1/1/1                         | ADDRESS                        |           |
|                     | SEP 1 4 1967  | DO BUD               | For Dough               | 2500   | incom B                            | 21 Low Row                     | ruc Ri    |
| /S 150-REV. 1/      |   | The soul of          | I ME CONTRACTOR         | THE THE TONY   | 1100400                            | 7 / 000                        | 100       |

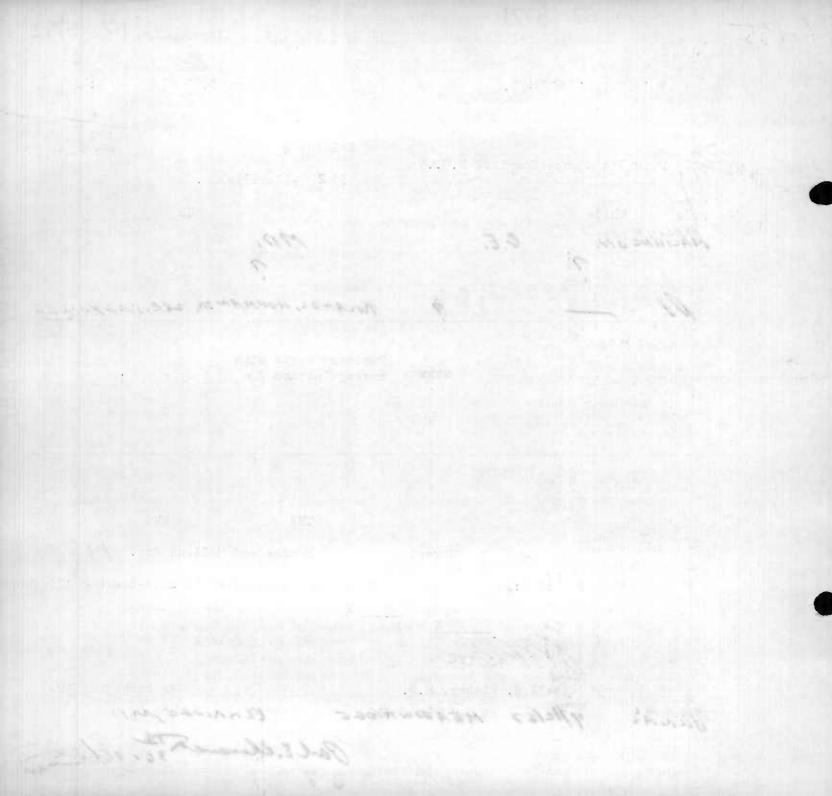
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|   | BALTIMORE CIT  | Y HEALTH DEPARTMENT                                     |                            | 014   |
|---|--|---|----------------------------|---|
| BIRTH NO. 67 8  | 770 CERTIFICA  | ATE OF DEATH  | Registered No.             | 67 8770   |
| T. NAME OF DECEASED (Type or Print)   | Komorous   |   | HOUR OF DEATH              | 1967 5 20 M   |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND  |  |   | e deceased lived. If ins   | itution: residence before admission)                      |
| FULL NAME OF (If not in hospital or institution)  INSTITUTION  (If not in hospital or institution)        | ition, give street   |   | side city limits, write RU | JRAL ond give township                                    |
| Meecy Hospit  | -21  | D. STREET ADDRESS (III                                  | urol, give locotion)       | ve.   |
| m wid   | RRIED, NEVER MARRIED OWED, DIVORCED (specify)                  | B. DATE OF BIRTH  |                            | If Under 1 Yr. If Under 24 Hrs.<br>Months Doys Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)      |  | 11. BIRTHPLACE (State or foreign                        | ,                          | 12. CITIZEN OF<br>WHAT COUNTRY?                           |
| 13. FATHER'S NAME   |  | 14. MOTHERS MAIDEN NAM                                  | IUAN'A                     | 00,0  |
| 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of sen       | o w S K ;  | 17. INFORMANT   | 1 Lege                     | ADDRESS   |
| 18. 44 XI   | CAUSE  | DF DEATH  | \                          | INTERVAL BETWEEN ONSET AND DEATH                          |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  | Con  | co tras linest  | 0:000                      | 2 days / 5 years  |
| (This daes not mean the made of dying,<br>heart failure, asthenia, etc. It means the dis                  |  | in to E change  | - X                        |   |
| injury ar camplication which caused death.)   | A . I  | i and it is   | 21 1                       | - +   |
| ANTECEDENT CAUSES   | (B) HAT  | enoschironic z  | 1 11 ge tentur             | 2 5 years   |
| DISEASES OR CONDITIONS, if any, g<br>rise to the above cause (A) stating<br>UNDERLYING CONDITION lost.    |  | endlownsculor w   |                            |   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. | UTING<br>O THE   |   |                            |   |
| 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED   |  | 20A. AUTOPSY? (Yes or No)                               | 20B. IF YES, WERE FI       | NDINGS CONSIDERED<br>SES OF DEATH?                        |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  | 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) | in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? | (If in Boltimore           | City, give exact location)                                |
| 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)   | While At Not Wh  |   | JRY OCCUR?                 |   |
|   | Work At Work   |   | .67                        | 1/2 (7  |
| 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive                 | _ /  | 1115  | 96) 10 9                   | 19 6  |
| ond hour and fram the couses stated abo   | ~ 4  |   | ir in(my) (dur) opini      | ion death accurred on the date                            |
| 23A. SIGNATURE  | Ves (1) (11 e) (did) (did 1101)                                | view line gody offer deaffi.                            |                            | 23B. DATE SIGNED  |
| Kenneth )   |  |   | Stoff Phys.                | 9/8/17  |
| 23 C. PHYSICIAN'S   | Uly h  | 23D. ADDRESS  | 11/31                      | 1/7/6/  |
| Kenneth Stern   | M.D.   | Mercy Hospit  | al Baltimo                 | ore, Maryland   |
| 24A. BURIAL CREMATION, 24B. DATE 2  | 4C. NAME of CEMETERY or CI                                     |   |                            | , town, or county) (Stote)                                |
| Burial 9-12-67  | St. Stanislaus   | Cemet env   | altimore, Man              | ryland  |
|   | ME OF REGISTRAR  | 25C. FUNERAL DIRECTOR                                   |                            | ADDRESS   |
| SEP 1 4 1967, Ora   | a. b. E. Fallent   | Wm.E. Johnson   | 8521 Loch                  | Raven Blvd. Balto.  |
| VS 150-REV. 1/1/65  |  |   | 1                          | 21204   |



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8771

| M.E. CASE NO.  | ICAL EX         | AMIIIAEK 2             | CERTIFICA         | IE OF D           | EAIN Kegisie            | red 140        |                        |
|--|-----------------|------------------------|-------------------|-------------------|-------------------------|----------------|------------------------|
| 1. NAME OF DECEASED  |                 |                        |                   | 2. DATE AND       | HOUR PRONOUNC           | ED DEAD        |                        |
| LAWERENCE HO   | MALNIN          |                        |                   | Sentemb           | er 9, 1967              |                | 7:05 a                 |
| 3. PLACE IN BALTIMORE, MARYLAND,   |                 | CED DEAD               | A. STATE          |                   |                         | tution: reside | ence before odmission) |
| FULL NAME OF (IF NOT IN HOSPI<br>HOSPITAL OR ADDRESS OR LOC  | TAL OR INSTITUT | ON, GIVE STREET        | C. CITY OR TO     | WN (If outside    | corporate limits, write | RURAL one      | give township)         |
| Franklin Square  | e Hospital      | D.OA                   |                   | RESS (If rural, g |                         |                | 40 V                   |
| 5. SEX 6. RACE   | 7. MARRIED. N   | EVER MARRIED           | 8. DATE OF BIRT   | Bellevil          | 9. AGE (In years        | If Under       | 1 Yr. If Under 24 His. |
| Male White   | WIDO WED, DI    | VORCED (specify)       |                   |                   | lost birthdays 23       |                | Poys Hours Min.        |
| done during most of working tite, even if retired  |                 | BUSINESS OR INDUST     | RY II. BIRTHPLACE | (State or foreign | country)                | VHAT           | N OF<br>COUNTRY?       |
| 13. FATHER'S NAME  |                 |                        | 14. MOTHER'S N    | AIDEN NAME        | Tarenal                 |                |                        |
| 15. WAS DECEASED EVER IN U.S. ARMI   | D FORCES?       | 6. SO CIAL             | 17. INFORMANT     |                   |                         | ADDRESS        |                        |
| (Yes, na oi unknown) (II yes, give war or do   | tes of service) | SECURITY NO.           | ROLAND            | L, HOFM           | AN JA. 26               | E. NA          | NOALL ST               |
| 18.  |                 | CAU                    | SE OF DEATH       |                   |                         |                | INTERVAL BETWEEN       |
| DISEASE OR CONDITION I   | NECTI V         |                        |                   |                   |                         |                | ONSET AND DEATH        |
| LEADING TO DEAT  |                 | (A)                    | Ruptured a        | aorta wit         | :h                      |                |                        |
| (This does not meon the mode<br>heart failure, asthenia, etc. It mea   | of dying, e.g., | xXXXXx                 |                   |                   | to trauma               |                |                        |
| injury or complication which couses  | deoth.)         |                        | CITO ON POTIN     |                   |                         |                |                        |
| ANTECEDENT CAUS  | ES              |                        |                   |                   |                         |                |                        |
| DISEASES OR CONDITIONS, IF   | ANY, GIVING     | DUE TO                 |                   |                   |                         |                | 070070000000077777     |
| RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST  |                 |                        |                   |                   |                         | 0.1            |                        |
|  |                 | (C)                    |                   |                   |                         |                |                        |
| 11   |                 |                        |                   |                   |                         |                |                        |
| OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. CO  | ELATED TO TH    |                        |                   |                   |                         |                |                        |
| 19A. DATE OF OPERATION 19B. CO   | NDITION FOR W   | HICH OPERATION         |                   |                   | B. IF YES, WERE FILL    |                |                        |
| 21A, EXTERNAL CAUSE WAS<br>UNDERLYINGX OR CONTRIB-   | 218. Pt         | ACE OF INJURY (e.g     | in or obout 21C.  | WHERE DID (If     |                         |                | otion)                 |
| UNDERLYING OR CONTRIB-   | etc.)           | lorm, foctory, street, |                   |                   | nd Hollins              | Sto            | 19-14                  |
| 7  | or) (Hour) 211  | Street                 |                   | OW DID INJUR      |                         | DCS.           | 11-01                  |
| OF INJURY  |                 |                        |                   |                   |                         |                | 1 1 1 4 . 4 .          |
| , ,  | 67 6:50 W       | ORK AT NO              | WORK X S          | ubject di         | river in au             | ito-tru        | ck collisio            |
| 22. I certify that I held an   | Inquiry         | InspectionA            | utopsy X an       | d that on this    | basis, deoth In n       | ny opinion     |                        |
| resulted from: Natural c   | ouses Ac        | cident X Suic          | ide Homic         | ide 🗌 Un          | determined monn         | er 🗌           |                        |
|  | m               | 1                      | CHIEF             | EDICAL EXA        | MINER X                 |                | DATE CIONED            |
| ACTUAL<br>SIGNATURE  | Mul             | ren M.                 | D. ASSISTANT M    | EDICAL EXA        | MINER _                 |                | DATE SIGNED            |
|  |                 | sher, M.D.             | ASSOCIATE A       |                   | Se                      |                | er 9, 1967             |
| 23A. BURIAL CREMATION, 238. DATE, REMOVAL (Specify)  |                 | NAME of CEMETERY       |                   | 23 D. LO          |                         | town, or co    |                        |
| BURIAL 9/12 24A. DATE REC'D BY HEALTH DEPT.  | 24B, NAME O     | MEADOWI                |                   | CAL DIRECTOR      | KRIBGE                  |                | DDRESS                 |
| THE PARTY OF THE P | 240, ITAIVIE O  | WE OLD I WAY           | 2.00              | 1 P A             | · X                     | S YE AL        | 1 7-                   |



BALTIMORE CITY HEAL

written approval the body 3

V\$ 150-REV. 1/1/65

| TH DEPARTMENT  | on ormal   |
|--|--|
| OF DEATH Registered No.  | 67 8772  |
| 2. DATE AND HOUR OF DEATH  8/23/67  UAL RESIDENCE (Where deceased lived, If in the B. COUNTY |  |
| REET ADDRESS (If rurol, give locotion)   | 15-31  |
| E OF BIRTH 9. AGE (In years lost birthdoy)   | If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.   |
| THPLACE (State or foreign country)  OTHER'S MAIDEN NAME                                      | 12. CITIZEN OF WHAT COUNTRY?   |
|  |  |
| OSPITAL RECORD   | ADDRESS  |
| TH   | INTERVAL BETWEEN ONSET AND DEATH   |
| 515  | 12 km.   |
|  |  |
|  |  |
|  |  |
| ALIFARENS/V N 1 208 IF VFG WERE  | THE DIVISION OF THE PARTY OF TH |
| AUTOPSY? (Yes or No) 208 IF YES, WERE IN CERTIFYING CA                                       | 10   |
| ut 21 C. WHERE DID (If in Boltimor   | e City, give exact location)   |
| 21F. HOW DID INJURY OCCUR?   |  |
| 8 21 1967 ta   | 9/23 1967.   |
| and that in (my) (aur) api   | nian death accurred an the date  |
|  | 23B. DATE SIGNED   |
| Med. Stoff Phys.   | 8/23/67  |
| NAI HOSPITAL OF BA   | LTC.   |
| RY ALTA 24D, LOCATION (C   | ity, town, or county) (State)  |
| UNIVERSITY MED   | ICAL SCHOOL  ADDRESS  VICE DCHD  |
| 7 0 0  | INC DUID   |

27-4-

|   | BALTIMORE CIT   | TY HEALTH DEPARTMENT  | on ones 4   |
|---|---|---|---|
| BIRTH NO. 67-142/8 6<br>M.E. CASE NO.   | 7 8773 CERTIFICA                                      | ATE OF DEATH Registered N   | 0. 6/8//3/  |
| (Type or Print) Baby  | FIRL Kushner  |   | 6 30  |
| 3. PLACE OF DEATH IN BALTIMORE, N   | ARYLAND  or institution, give street                  | 4. USUAL RESIDENCE (Where deceased Tived. I<br>A. STATE B. COUNTY<br>MARY AND | I institution: residence before admission             |
| HOSPITAL OR oddress or locot  |   | C. CITY OR TOWN (Ill outside city limits, with BAL+IMORE                      | te RURAL and give township)                           |
| 120/10A1  | HOSPITHE  | D. STREET ADDRESS (Ill rurol, give location)                                  | Rd  |
| 5. SEX 6. RACE  | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) | B. DATE OF BIRTH 9. AGE (In years lost birthdoy)                              | II Under 1 Yr. If Under 24 Hr. Months Doys Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of widone during most of working life, even if retired |   | 11. BIRTHPLACE (State or foreign country)                                     | 12, CITIZEN OF WHAT COUNTRY?                          |
| 13. FATHER'S NAME   | ushver  | 14. MOTHER'S MAIDEN NAME  | Edit  |
| 15. Was Deceased Ever in U. S. Armed F<br>(Yes, no or unknown) (If yes, give wor or do  | orces? 16, SOCIAL                                     | 17. INFORMANT   | ADDRESS   |
| 18.762,QT   | CAUSE   | OF DEATH  | INTERVAL BETWEEN ONSET AND DEATH                      |
| DISEASE OR CONDITION DEATH  | H (A)   | DEVENATURITY  |   |
| (This does not mean the mode heart failure, asthenia, etc. It mean                      | of dying, e.g., DUE TO                                |   |   |
| injury ar camplicolian which couse  ANTECEDENT CAUSI                                    | (B)   | ENTRAUTERINE ENOXI  | 4   |
| DISEASES OR CONDITIONS, if  | any, giving ) stating the (C)                         | ENTRAUTERINE MOXI   |   |
| UNDERLYING CONDITION last.  |   |   |   |
| OTHER SIGNIFICANT CONDITIONS<br>TO THE DEATH BUT NOT RE<br>DISEASE OR CONDITION CAUSING | LATED TO THE  |   |   |
|   | NDITION FOR WHICH OPERATION REFORMED                  | 20 A. AUTOPSY (Yes or No! 20 B. IF YES, WE IN CERTIFYING                      | RE FINDINGS CONSIDERED CAUSES OF DEATH?               |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)                                |   | in or obout 21 C. WHERE DID (If in Baltin olfice bldg., INJURY OCCUR?         | more City, give exact location)                       |
| Z1D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)  | While At Work At Wo                                   |   | ,   |
| 22. I certify the (1) (skis hospit  |   | 8/9 1967 10   | P/9 169   |
| that (1) (we) last saw the decea  |   | 19 6 7 and that In(my) (our)  | apinian deoth occurred an the do                      |
| 23A. SIGNATURE  | oted gbave. (1) (We) (Mid) (did nat)                  | view the body ofter death.  | 23B. DATE SIGNED                                      |
| Lloyd 1   |   | ttending Med. Stoff Phys.   | 1/9/67  |
| 23C. PHYSICIANS NAME (Type)   | KRAMER M.   | 23D. ADDRESS  | ospital NB  |
| 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)                                      | 24C. NAME of CEMETERY OF C                            | REMATORY 24D. LOCATION TINIVED SITV ME  | (City, town, or county) (State)                       |
| 25A. DATE REC'D BY HEALTH DEPT. SEP 14 1967   | 25B, NAME OF REGISTRAR                                | 25C. FUNERAL DIRECTOR SERV  | ADDRESS  ICF BCHB                                     |
| VS 150-REV. 1/1/65  | NICKELAS - INC.                                       | OLO TITLE DULL  | AVE TO EAST   |

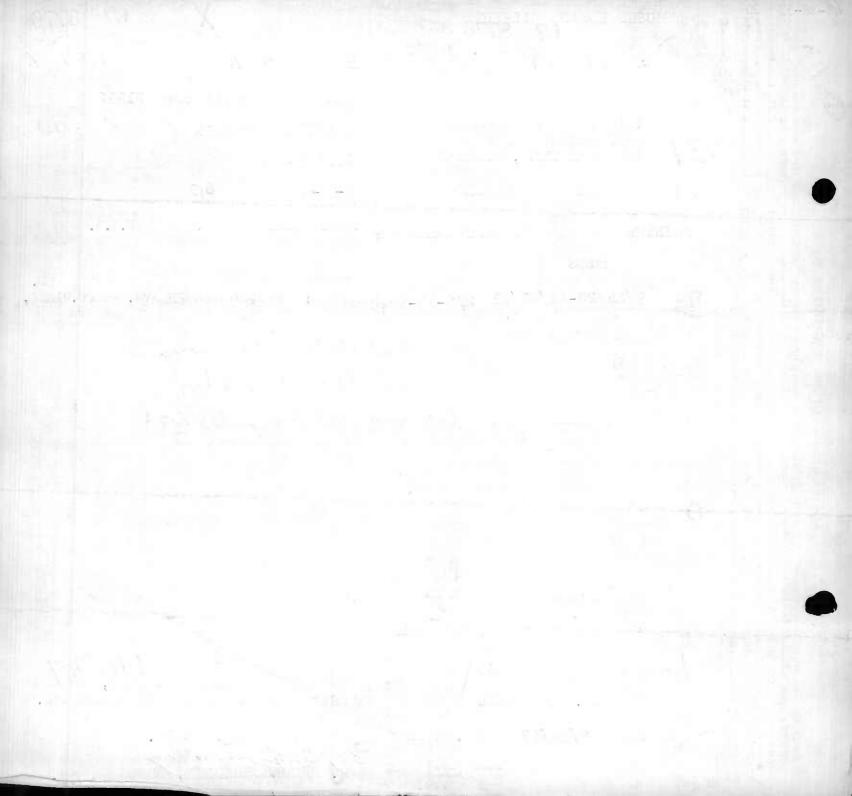
BERKER LOW ALL A. D.

VS 150-REV, 1/1/65

12/1/27

|        | or was the Chi   | BALTIMORE CITY   | HEALTH DEPARTMENT           |                           | OPI              | Obelled In      | uf.     |
|--------|--|--|-----------------------------|---------------------------|------------------|-----------------|---------|
|        | TH NO. 67-17450 67 87  | CERTIFICA  | TE OF DEATH                 | Registered Na.            | _6/_             | 8775            |         |
| M.I    | E CASE NO. 395 56)   |  | 2. DATE                     | AND HOUR OF DEATH         |                  |                 |         |
| (Tvi   | ne or Print)   | Eldman   |                             | 5:05 P.m                  |                  | 117/67          | 7       |
| 3.     | PLACE OF DEATH IN BALTIMORE, MARYLAND  | elaman   | 4. USUAL RESIDENCE (WI      | here deceased lived. If i |                  | ence befare adm | ission) |
|        |  |  | A. STATE B. COL             |                           |                  |                 |         |
|        | FULL NAME OF (If not in haspital or institution<br>HOSPITAL OR address or location)                | , give street  | C. CITY OR TOWN (IF         | Minis with                | PIIPAL and a     | ve township) é  |         |
| '      | Sinai Hospi  | Tulof  | Balti                       |                           | NORAL GIO GI     | 27-11           | 6       |
|        |  |  | D. STREET ADDRESS           | If rurol, give location)  |                  | 7-1-1           | 0_      |
|        | 42 Baltimor  | 2  | 4503                        | Homer                     | A1.0             |                 |         |
| 5. 5   |  | D, NEVER MARRIED   | B. DATE OF BIRTH            | 9. AGE (In years          | If Under 1       | Yr. If Under 2  | 4 Hrs.  |
|        | A.A. I I. A. I   | ED, DIVORCED (specify)                                     | 8/17                        | last birthday)            | Months           | ys Hours /      | Vin.    |
|        | USUAL OCCUPATION (Give kind of work 108, KIND  |  | 11. BIRTHPLACE (State or fo | reign country)            | 12. CITIZEN      | OF              |         |
| don    | e during most of working lile, even if retired)  |  | 9- no 11                    | 260                       |                  | COUNTRY?        |         |
| 13.    | FATHER'S NAME  |  | 14. MOTHER'S MAIDEN N       | AME                       |                  |                 |         |
|        | M:   |  | 0                           | 1 -1                      | ,                |                 |         |
|        | Michael Feldma   | in   | Regina                      | LueTh                     | ne               |                 |         |
| (Ye    | Was Deceased Ever in U.S. Armed Forces?<br>s,no ar unknawn) (If yes, give war or dates af service) | SECURITY NO.   | 17. INFORMANT               | ·                         | A                | DDRESS          |         |
|        | None   | None   | MoTher                      |                           | as               | about           | -       |
|        | 18, 261, 5   | CAUSE O  | F DEATH                     |                           |                  | ERVAL BETWEE    |         |
|        | DISEASE OR CONDITION DIRECTLY  | 0  |                             | 0                         |                  | SET AND DEAT    | П       |
|        | LEADING TO DEATH   | (A) HC   | ute sponto                  | nevus Inte                | moTho            | rax             |         |
|        | (This does not mean the mode of dying, e.g. heart failure, osthenio, etc. It means the diseas      | e,   |                             |                           |                  |                 |         |
|        | injury or camplication which caused death.)  | R  | upTured L                   | when also                 | 001:             |                 |         |
|        | ANTECEDENT CAUSES  | DUE TO   | 7/01/00                     | -0110                     | 90 1.1           |                 |         |
|        | DISEASES OR CONDITIONS, if ony, givin  | 9  | ematurity I                 | Car - has                 | TOTAT            |                 |         |
|        | rise to the abave cause (A) stating the UNDERLYING CONDITION last.                                 | (C)  | 2 K 4 10 1113 Z             | - 9/1611 N GC             | 5 14 10n Z       |                 |         |
|        | 11   |  |                             |                           |                  |                 |         |
| ON     | OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  | NG O   | - 01                        |                           |                  |                 |         |
| ATION  | TO THE DEATH BUT NOT RELATED TO T<br>DISEASE OR CONDITION CAUSING IT.                              | HE HOru  | pTio Pla                    | centure                   | _                |                 |         |
| RTIFIC | 19A. DATE OF OPERATION 19B. CONDITION FOR  | WHICH OPERATION  | 20 A. AUTOPSY (Yes or       | No. 20B. IF YES, WERE     | FINDINGS CO      | ONSIDERED       |         |
| LL     | None   |  | 7                           |                           |                  |                 |         |
| L O    | OR CONTRIBUTING CAUSE OF   | B. PLACE OF INJURY (e.g., in me, form, foctory, street, of | fice hdg, INJURY OCCUR?     | (If in Baltimo            | re City, give e  | xoct locotion)  |         |
| CA     | DEATH (notily medical examiner)  | c.)  | Worke                       |                           |                  |                 |         |
| ED     | OF INJURY  | E. INJURY OCCURRED   | 21F. HOW DID II             | NJURY OCCUR?              |                  |                 |         |
| \$     | (APPROX.)  | hile At Not While At Work                                  |                             | ne                        |                  |                 |         |
|        | 22. I certify that (I) (this hospital) attended  |  |                             | 19 67 to 5'               | 25 AM            | Que 1710 6      | 67      |
|        | that (I) (we) last saw the deceased alive an   |  |                             | 19 6.7 to 5 '             | ining doub       |                 |         |
|        |  | 0  |                             |                           | inion dearn      | accurred on th  | ie dare |
|        | and haur and fram the causes stated above.  23A. SIGNATURE   | (I) (We) (did) (did not) v                                 | iew the bady after death    | le .                      | 23 B. DATE S     | ICNED           |         |
| H      | 1 0 2  | M.D. Atte  | ending Med.                 | Stoff Z                   | 236 DATE :       | / -             |         |
|        | trus Oour  | Phy  | s. Director                 | Phys.                     | 8//              | 7/67            |         |
|        | 23C. PHYSICIAN'S<br>NAME (Type)  | )  | 23D. ADDRESS                |                           | 0                |                 |         |
|        | Frank Bou  | vyer M.D.  | Singitation                 | sproot o                  | JanTis           | AVIGNE          | )       |
| 244    | REMOVAL (Specily)  | NAME of CEMETERY of CR                                     | MATORY 11 17 1 24D.         | LOCATION (C               | City, tawn, ar c | ounty) (S       | tote)   |
|        | 9/1/60   |  | INIVERS                     | ITY MET                   | MI SC            | HOOL            |         |
| 254    | A. DATE REC'D BY HEALTH DEPT. 258, NAME  | OF REGISTRAR   | 25C. FUNERAL DIRECT         | 3R                        |                  | ADDRESS         |         |
|        | SEP 1 4 1967 (00   | 1 E Fallen MA  | O MAUKA U                   | AKY SERV                  | ICE -            | BCHB            |         |
| VS     | 150-REV. 1/1/65  | The state of the   |                             |                           |                  |                 |         |

19/1/0



| BIRTH NO.<br>M.E. CASE NO.                 | 67  | 8.1.1.1  | ATE OF DEATH   | Registered Na.          | 67 8777   |
|--|---|--|--|-------------------------|---|
| 1. NAME OF DECEA                           | CONNORS,  | GUSTINA LAURA  | 2. DATE AN   | HOUR OF DEATH           | 1967 1:00F  |
| FULL NAME OF<br>HOSPITAL OR<br>INSTITUTION | H IN BALTIMORE, MA  (If not in hospital oddress or location | or institution, give street                                    | 4. USUAL RESIDENCE (Where A. STATE B. COUN'S MARYLAND C. CITY OR TOWN (If outs | e deceosed lived. If in | stitution: residence before admission                     |
| 40   | ST. AGNE  | SHOSPITAL  |  | WAY 21228               | 33-00   |
| FEMALE                                     | WHITE   | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)          | 3-24-91  | ost birthday)           | If Under 1 Yr. If Under 24 Hrs.<br>Months Doys Hours Min. |
| RETIRED                                    | rking life, even if retired)                                | 108, KIND OF BUSINESS OR INDUSTR                               | MASSACHUSSET   |                         | 12. CITIZEN OF WHAT COUNTRY?                              |
| IAMES TE                                   | CCI CONNOR  | 2  | LOUISE DRAGO   |                         |   |
| 5. Was Deceased E                          | ver in U. S. Armed For                                      | 16. SOCIAL   | 17. INFORMANT  | COMMONS                 | ADDRESS   |
| Yes, no of unknown) (                      | Yes, give wor or dote                                       | s of service) SECURITY NO.                                     | ST. AGNES HOS  | SPITAL DEC              |   |
| 1B. / 77 7                                 | TV I  | CAUSE  | OF DEATH   | or time tree            | INTERVAL BETWEEN  |
| TISE IN THE UNDERLYING                     | CONDITIONS, if abave cause (A) CONDITION last,              | Stating the (C)            | echolyte m   | ubolance                |   |
| 19A. DATE OF C                             | OPPERATION 198. CON<br>WAS PERF                             | DITION FOR WHICH OPERATION                                     | 20 A. AUTOPSY? (Yes or No)   | 20B. IF YES, WERE I     | FINDINGS CONSIDERED<br>USES OF DEATH?                     |
| 21A. ACCIDENT<br>OR CONTRIBUTI             | WAS UNDERLYING NG CAUSE OF                                  | 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) | in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?                        | (If in Boltimore        | City, give exact location)                                |
| 21 D. TIME ( OF INJURY (APPROX.)           | Month) (Doy) (Year)   | (Hour) 21 E. INJURY OCCURRED  While At                         |  | JRY OCCUR?              |   |
|  |   | attended the deceased from SEPTEMBER                           | EPTEMBER 5 19<br>12 19 67 and the  | 9 67 ta SEP             | TEMBER 12 19 67   |
| and haur and                               | ram the causes stat   | ed abave. (I) (We) (did) (did nat)                             |  |                         |   |
| 23A. SIGNATURE                             | 11/C. Fat   | ATT. MINIS M.D. A.   | tending Med.   | Stoff X                 | 9/12/67   |
| 23C. PHYSICIAN<br>NAME (Typ                | S e)  | M.D.   | 23D. ADDRESS ST.AGNES HOSE   |                         | 21229<br>WILKENS AVES.                                    |
| Burial CREM.                               | 9/14/6  | 7 St. marys Cen  | REMATORY 24D. 10   |                         | y, lown, or county) (Stote)                               |
| S JEO DEV 1/1/45                           | EP 1 4 1967   | 25B. NAME OF REGISTRAR   | 25C. FUNERAL DIRECTOR  FAMLEY (CAMA  | WAUGH-                  | WERAL HOME  |

CARRORS, GBSTIRA DARKA CENTER IF, 12.7

BATISTES TEREVIEW

WOOTH TYPE STREET

.A.z.u versumsArraArr

SEESTED G AT PETERD

AGREEMENT AGREES HOST TALL RECORDS

ST. ABUES DOON; SATON S OF MINERS ARES

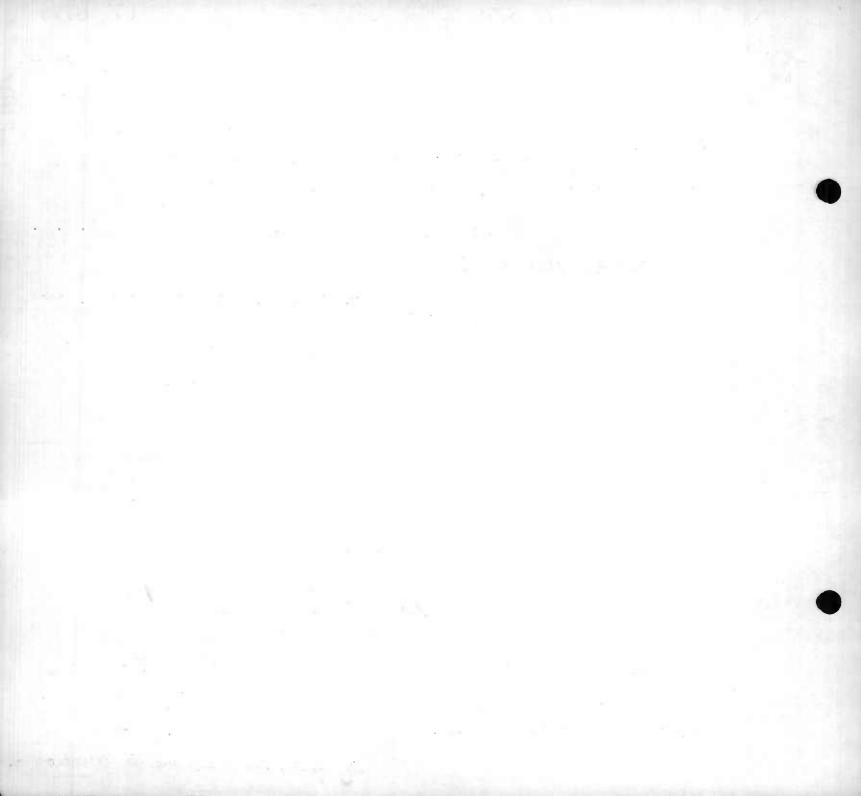
|      |   | CO MIN           |                   | LTIMORE CITY         | HEALTH DEPARTME        | NT                             | OF                         | Olechesto                 |
|------|---|------------------|-------------------|----------------------|------------------------|--------------------------------|----------------------------|---------------------------|
| BIRT | H NO.   | 67               | 8778 CI           | ERTIFICA             | TE OF DEAT             | TH Registered No.              | 0/                         | 8//8                      |
|      | CASE NO.  |                  |                   |                      | 12.04                  | TE AND HOUR OF DEATH           |                            |                           |
|      | e or Print)   | 4-1              | Nh. F             | 3                    | 5.                     | 9-12-12                        |                            | 41:204.                   |
| . P  | LACE OF DEATH IN BALTIMORE  | MARYLAND         | rry               | ye.                  | 4. USUAL RESIDENCE     |                                | nstitution: re             | sidence before admission) |
|      | 0   |                  | 0                 | 0                    | A. STATE B.            | COUNTY                         |                            | 15-31                     |
| ŀ    | OSPITAL OR oddress or lo  | pitol or institu | lion, give street |                      | C. CITY OF TOWN        | Alf outside city limits, write | PIIPAL and                 | give township)            |
| 11   | NSTITUTION  |                  |                   |                      | R-16                   | 1:00.00                        | # 1                        | give township;            |
| 1    | 3   |                  |                   |                      | D. STREET ADDRESS      | (If jural, give location)      | 2/                         | Ldy.                      |
| -    | auth B. Him   | ne /             | CNEN              | · 1 Has              | 11/20                  | Pankton                        | 1,0                        | 1                         |
| S    | EX 6. RACE  | IT. MAI          | RRIED. NEVER A    | ARRIED               | B. DATE OF BIRTH       | 9. AGE In years                | If Under                   | 1 Yr. II Under 24 Hrs.    |
| 1    | W 1- 111.1.   | WID              | OWED, DIVOR       |                      | 11 11 10               | lost birthdoyl                 | Months:                    | Doys Hours Min.           |
| _    | JOJE WHITE  | work TOR KIN     | MODE RISINES      | S OR INDUSTRY        | 11-16-17               | or loreign country)            | 112, CITI;                 | ZENI OE                   |
| 10   | during most of working life, even if ret                              |                  | 15 5              | ansit                | TI, BIRTHILACE (SIGIE  | or loreign country)            |                            | AT COUNTRY?               |
| (    | houlleur  |                  | RETI              | rEd                  |                        | NEb.                           |                            | 1. N. A                   |
| Ī    | ATHER'S HAME  |                  |                   |                      | 14. MOTHER'S MAIDE     | N NAME                         |                            |                           |
|      | ILALN Z   | 3112             |                   |                      | Mana                   | Caffe                          | r                          |                           |
| 1    | Vos Deceased Ever in U. S. Arme                                       | d Prices?        | 1 6. SOCI         |                      | 17. INFORMANT          | 20116                          | -                          | ADDRESS                   |
| 3    | ,no or unknown) (II yes, give wor o                                   | fales of ser     | vice) SECL        | IRITY NO.            | 2.07                   | A · P                          |                            | -glove                    |
| _    | no.   |                  | 2/5-              | 10-0300              | This cal               | herme aye                      |                            |                           |
|      | 18.420,11   |                  |                   | CAUSE O              | F DEATH                |                                |                            | ONSET AND DEATH           |
|      | DISEASE OR CONDITION  |                  |                   | 1                    | 1811                   |                                |                            |                           |
| 1    | (This does not mean the mad   |                  | e.q.,             | DUE TO               |                        |                                |                            | **********************    |
| I    | hearl failure, asthenia, etc. It m<br>injury ar camplication which ca | eans the dis     |                   | 115                  | - 11                   | . 0 / 1                        | . / .                      |                           |
|      | ANTECEDENT CA   |                  |                   | (B) //G              | cocardia               | amores.                        | DAD                        |                           |
|      |   |                  |                   | DUE TO               |                        | 10 ,                           | various for final faces of |                           |
| 1    | DISEASES OR CONDITIONS, rise to the above cause                       |                  |                   | 10 CH                | F S Mus                | sentension                     |                            |                           |
|      | UNDERLYING CONDITION los  |                  |                   | 7 8                  | IN A                   | 4                              |                            |                           |
|      | 11  |                  |                   |                      |                        |                                |                            |                           |
|      | OTHER SIGNIFICANT CONDITION   | NS CONTRIB       | UTING             |                      |                        |                                |                            |                           |
|      | DISEASE OR CONDITION CAUS   | ING IT.          |                   |                      |                        |                                |                            |                           |
|      |   | PERFORMED        | FOR WHICH O       | PERATION             | 20 A. AUTOPSY? (Yes    | IN CERTIFYING CA               | FINDINGS<br>USES OF E      | CONSIDERED<br>DEATH?      |
|      |   |                  |                   |                      | 72.3                   | IVO                            |                            |                           |
| ı    | 21 A. ACCIDENT WAS UNDERLYING CAUSE OF                                | NG               | home, farm,       | octory, sheet, of    | fice bldg., INJURY OCC | UR? (If in Boltimo             | ie City, give              | e exact location)         |
|      | DEATH (notify medical examined  |                  | etc.)             |                      |                        |                                |                            |                           |
|      | 21 D. TIME (Month) (Doy) (  | Yeon (Hour)      | 21 E. INJURY      | OCCURRED             | 21F. HOW D             | ID INJURY OCCUR?               |                            |                           |
|      | (APPROX.)   |                  | While At          | Not While<br>At Work | e 🗍                    |                                |                            |                           |
|      | 22 1  |                  |                   |                      | 0-21                   | 10 / 17                        | 9                          | 12                        |
| ١    | 22. I certify that 龄(this has   |                  |                   | sed from             | 0 4                    | 19 67 to                       |                            | 19.47                     |
|      | that # (we) lost saw the dec  | eosed alive      | on                | -/3                  | 19 6                   | ond that in (our) op           | inion deot                 | h occurred on the date    |
|      | and hour and from the couses  | stated abo       | ve. (1) (We) (c   | id) (did not) v      | iew the body ofter d   | eoth.                          |                            |                           |
|      | 23A. SIGNATURE  |                  | 1                 |                      |                        |                                | 23B. DAT                   | E SIGNED                  |
|      | ( / / to  | MAN              | 1                 | M.D. Atte            | nding Med.             | Stoff Phys,                    | 9-                         | 13-67                     |
|      | 23C. PHYSICIAN'S  |                  | 0                 |                      | 23D. ADDRESS           |                                | 1                          | 7 -/                      |
|      | NAME (Type)   | D.               | +11               | A M.D.               | Shu HR                 | Hina no                        | 7-11                       | in - 1 Hack               |
| Α    | BURIAL CREMATION, 248, DAT  | PDU              | LCDO!             | EMETERY OF CRE       | MATORY                 | CITIMONE G                     | EIVE                       | Tay mosp                  |
|      | REMOVAL (Specily)   | 1.               |                   | 21 1                 | 0.0                    | 4 / /                          | De d                       | in and                    |
| 1    | Sureal 9/1  | 467              | now C             | athed                | ral bem.               | 4300 Old                       | reder                      | UR MI                     |
| A    | DATE REC'D BY HEALTH DEPT.  | 25B. NA          | ME OF REGIST      | RAR                  | 25C. FUNERAL DIR       | RECTOR                         | 0                          | APPRESS                   |
|      | SEP 1 4 198   | 1 1.0            | of BIE.           | Carrow Holl          | John Je                | Govantson                      | Inc                        | · Hollins                 |
| S    | 50-REV. 1/1/65  |                  | 7 7 7             | C.                   | 00%                    | <del>- 1</del>                 |                            | 33 mel.                   |

my Tings 215-10-0500 Mar Chetharine Byc. 9 miles now Coolinging tim was the Fredomik M. John frammadon Das. Hill

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



V.S. 153 and Death Cert. 53-4492 for Maude E. Bell - May 12, 1953 10-2-67 M.H.

IMPORTANT

DIRECTOR:

FUNERAL

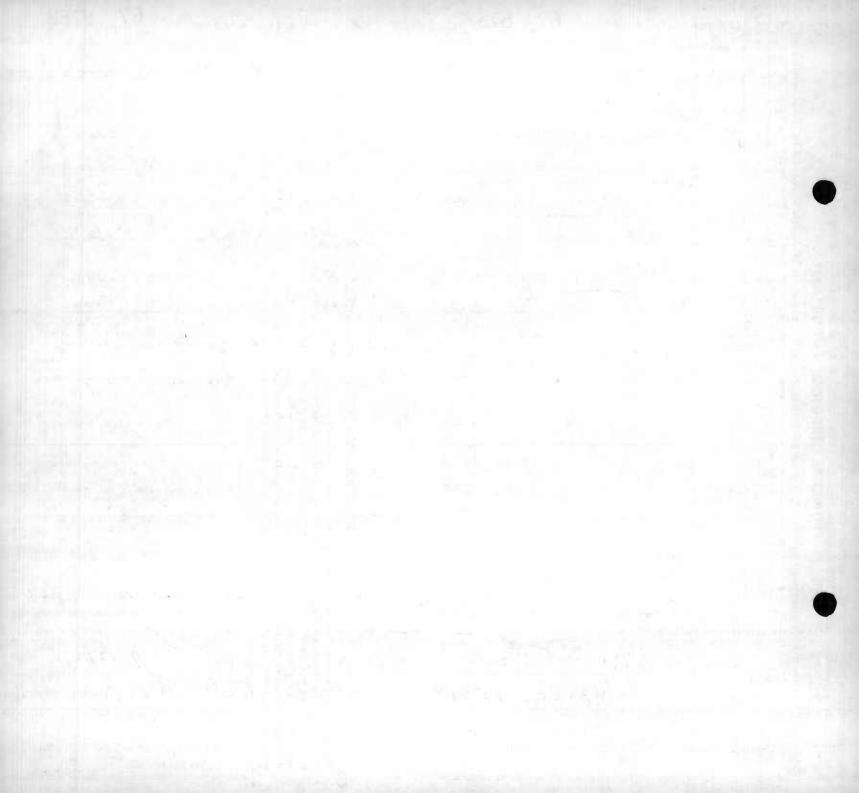
Asperation of remedica 10 min ASCVD Amy gla

Thomas C. Buller

19/21/6 THOMAS C. BUTLER. BOI N. BROADWITH

|   | Type or Pri  | SAM K  | OSENF  |  | 5  | AND HOUR OF DEATH  | 9671 1                                   |
|---|--|--|--|--|--|--|--|
| death   | FULL NA  | AME OF (If not in hospit   | ol or institution,   | give street  | A. STATE  B. CO  | /hero decoosed lived. If<br>UNTY   |  |
| 500   | Dale   |  |  | IE   | D. STREET ADDRESS  | (If rurol, give location)  | RURAL ond give townsh                    |
| d br  | 5. SEX   | 6. RACE  |  | , NEVER MARRIED<br>D, DIVORCED (specify)   | B. DATE OF BIRTH   | 9. AGE (In years lost birthdgy)  | If Under 1 Yr. II U<br>Months Doys Hour  |
| UE .  |  | OCCUPATION (Give kind of w   | ork 10B. KIND O  | F BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (State or f   | 56   | 12. CITIZEN OF<br>WHAT COUNTRY           |
| e de  | and the same of  | LESMAN   |  |  | NEW 14. MOTHER'S MAIDEN N  | YORK I   | ysa                                      |
| on the d  | 5. Wos De  | coosed Ever in U. S. Armod   | Forces?  | 1 6. SOCIAL  | 17. INFORMANT  | 15   | ADDRESS                                  |
| fina  | N  | nknown) (If yes, give wor or d   | otes of service)   | SECURITY NO.   |  | ENFELD   | SAMI                                     |
| tenda<br>ed or  | 18.  | DISEASE OR CONDITION I   |  | CAUSE O  |  | & Infarction   | INTERVAL BE ONSET AND                    |
| lar att   | heort f  | daes nat mean the mode<br>adure, asthenia, etc. It meo<br>or complication which caus   | ns the disease,  | OUE TO   | to myseader<br>nodrte Hos  | N Desease  | 2 00                                     |
| regu<br>Te em   | DISEA  | ANTECEDENT CAUS  |  | DUE TO   |  | ***************************************  |  |
|   |  |  |  |  | 21   |  |  |
| ins a   | rise 1   | to the above cause (A<br>RLYING CONDITION last.  | A) slating the   | (C)  |  |  |  |
| an was in<br>remains  | NOTHER TO TO TO DISEASE  | the above cause (A   | CONTRIBUTIN  | G  | nere   |  |  |
| ysician was in<br>e the remains   | rise UNDE  | lo the above cause (ARLYING CONDITION last.  I SIGNIFICANT CONDITIONS HE DEATH BUT NOT RESE OR CONDITION CAUSING.  | CONTRIBUTIN  | G<br>HE  | 20A. AUTOPSY? (Yes or  | No) 208. IF YES, WERI  | E FINDINGS CONSIDERED                    |
| o physician was in<br>before the remains  | OTHER TO   | lo the above cause (ARLYING CONDITION last.  I SIGNIFICANT CONDITIONS HE DEATH BUT NOT RESE OR CONDITION CAUSING.  | CONTRIBUTION POR ERFORMED  | G HE WHICH OPERATION  B. PLACE OF INJURY (e.g., in no, form, foctory, steet, of  |  | IN CERTIFYING C  | E FINDINGS CONSIDERED<br>AUSES OF DEATH? |
| d (6) No physician was in<br>ained before the remains                                       | rise 1<br>UNDEI<br>UNDEI<br>TO T<br>DISEA:<br>19A. DA<br>21A. AG<br>OR CO  | In the above cause (ARLYING CONDITION last.  II  SIGNIFICANT CONDITIONS HE DEATH BUT NOT RESE OR CONDITION CAUSING ATE OF OPERATION 198. COWAS P  CCIDENT WAS UNDERLYING TRIBUTING CAUSE OF (notily medicol exominer)  ME (Month) (Doy) (You UNY)  | CONTRIBUTION LATED TO THE SIT. ONDITION FOR ERFORMED  21E horn etc.  | G HE WHICH OPERATION  B. PLACE OF INJURY (e.g., in no, form, foctory, street, of the control of  | n or obout 21C. WHERE DID liftice bidg., INJURY OCCUR?   | IN CERTIFYING C  |  |
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| death); and (6) No physician was in<br>must be obtained before the remains                  | OTHER TO TO TO DISEA!  OTHER TO TO TO DISEA!  21 A. AC OR CO DEATH  21 D. TI/O OF INJ  (APPRO  22. I c that (I' and had a second to the condition of the condit | In the above cause (ARLYING CONDITION last.  II  SIGNIFICANT CONDITIONS HE DEATH BUT NOT RESE OR CONDITION CAUSING ATE OF OPERATION 198. COWAS P  CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notily medicol exominer)  ME (Month) (Doy) (You URY  Own lost saw the decea  | CONTRIBUTION LATED TO THE SIT.  DINDITION FOR ERFORMED  21E hornetc.  DI) (Hour) 21E With Water and of the seed of | WHICH OPERATION  B. PLACE OF INJURY (e.g., inc., form, foctory, street, of the control of the co | nor obout 21C. WHERE DID In or obout 21F. HOW DID In 21F. HOW  | NJURY OCCUR?   | ore City, give exact locati              |
| death); and (6) No physician was in<br>must be obtained before the remains                  | VINDEL VI | In the above cause (ARLYING CONDITION last.  II SIGNIFICANT CONDITIONS HE DEATH BUT NOT RESE OR CONDITION CAUSING ATE OF OPERATION 198. CC WAS P  CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notily medical examiner)  WE (Month) (Doy) (You was possible to the couse of the couse o | CONTRIBUTION LATED TO THE SIT.  DINDITION FOR ERFORMED  21E hornetc.  DI) (Hour) 21E With Water and of the seed of | WHICH OPERATION  B. PLACE OF INJURY (e.g., inc., form, foctory, street, of the control of the co | n or obout 21C. WHERE DID In or obout 21F. HOW DID I   | IN CERTIFYING C  (II in Boltime  NJURY OCCUR?  1965 to four) of the in (my) (our) of the in ( | ore City, give exact locati              |
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BALTIMORE CITY HEALTH DEPARTMENT



| NAME OF   | NO.<br>DECEASED  | CERTIFIC  | 2. DATE AND HOUR OF DEATH  |   |
|---|--|---|--|---|
| ype or Print  | " ELLIOT   | C. FRANK  | 9/10/67  | 11:40 A   |
| FULL NA   | F DEATH IN BALTIMORE, MA   |   | 4. USUAL RESIDENCE (Where deceased lived, If inst<br>A. STATE B. COUNTY  | titution; residence before admission  |
| HOSPITAL  | OR oddress or location   | n)  | C. CITY OR TOWN (If outside city limits, write RL BALTO.   | JRAL and give township  |
| 201   |  | OF BALTO, INC.  | D. STREET ADDRESS (If rurol, give locotion) 6210 CREEN MEADOW  | PKWY  |
| SEX   | E G. RACE WHITE  | 7. MARRIED, NEVER MARRIED<br>WIDOWED, DIVORCED (specify)  | 7/2/10/ 59   | If Under 1 Yr. II Under 24 His<br>Months Doys Hours Min.  |
| one during m  | OCCUPATION (Give kind of work nost of working life, even if refired) LES MANAGER   | UNIVERSAL PAPER CO  | WEST. VA., KEYSTONE  | 12. CITIZEN OF WHAT COUNTRY?  |
| 3. FATHER'S   | FERDINAND FRAN   | K   | 14. MOTHERS MAIDEN NAME ANNA CANTOR  |   |
| es, no or unl   | eosed Ever in U.S. Armed For<br>known  (If yes, give war or dote   | 1 6. SOCIAL<br>SECURITY NO.   | MRS. MILDRED FRANK 6210 GRE  | ADDRESS<br>EN MEADOW PKWY   |
| 18. J   | ISEASE OR CONDITION DIE  | RECTLY  | FOICH AR. EIRRILLATION 20  | INTERVAL BETWEEN ONSET AND DEATH  |
| heort la  | aes nat mean the made of<br>ilure, asthenia, etc. It means<br>r camplication which caused  |   | TRICULAR FIBRILLATION 20 ACUTE MYOCARD INFREEMON   |   |
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| DISEASI<br>rise lo<br>UNDERI  | ANTECEDENT CAUSES ES OR CONDITIONS, if the abave cause (A) LYING CONDITION last.  II SIGNIFICANT CONDITIONS CALE THE DEATH BUT NOT RELA  | ony, giving stoling the (CI   | ETEMISCLEROTE CVD.   | 1º OAIS   |
| DISEASI   | ANTECEDENT CAUSES  ES OR CONDITIONS, if by the abave cause (A) LYING CONDITION last.  II  SIGNIFICANT CONDITIONS CA HE DEATH BUT NOT RELA E OR CONDITION CAUSING I   | ONTRIBUTING ATED TO THE IT.   |  | NDINGS CONSIDERED   |
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| DISEASI<br>rise lo<br>UN DERI<br>OTHER<br>TO TH<br>DISEASI<br>21A. AC<br>OR CON<br>DEATH<br>(APPROX<br>22. I ce<br>that 19<br>and haw<br>23A. SIGN<br>23C. PHY<br>NA/ | ANTECEDENT CAUSES  ES OR CONDITIONS, if the abave cause (A) LYING CONDITION last.  SIGNIFICANT CONDITIONS CAUSING IT E OR CONDITION CAUSING IT TE OF OPERATION 1988. CON WAS PER CICIDENT WAS UNDERLYING LYRIBUTING CAUSE OF (notify medical examined)  AE (Month) (Doy) (Year)  OF CONDITION (The control of the cause of th | ONTRIBUTING ATED TO THE  LT.  21B. PLACE OF INJURY (e. home, form, foctory, stree etc.)  (Hour) 21E. INJURY OCCURRED  While A1 Not Work  A1 W  A1 W  A1 W  A2 COHEN N  A2 COHEN N  A3 COHEN N  A4 COHEN N  A5 COHEN N   | 20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE FIIN CERTIFYING CAU  19. IN JURY OCCUR?  21F. HOW DID INJURY OCCUR?  While  21F. HOW DID INJURY OCCUR?  40  | NDINGS CONSIDERED SES OF DEATH?  City, give exact locohon)  19 62  Ian death accurred on the da  23B, DATE SIGNED  9//0/62  |
| DISEASI DISEASI DISEASI OTHER TO TH DISEASI 19A. DAT OF DISEASI 19A. DAT OF DISEASI 21A. ACC OR CON DEATH OF INJU (APPROX 22. I ce that and hau 23A. SIGN 23C. PHY NA | ANTECEDENT CAUSES  ES OR CONDITIONS, if the above cause (A) LYING CONDITION last.  SIGNIFICANT CONDITIONS CAUSING IT TE OF OPERATION 198. CON WAS PER CIDENT WAS UNDERLYING TITRIBUTING CAUSE OF (notify medical examined)  AE (Month) (Doy) (Year)  AIRY CI Priffy that (this hospital (we) last saw the decease or and from the causes star  NATURE  | Only, giving stoling the (CI  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e. home, form, foctory, stree etc.)  (Hour) 21E. INJURY OCCURRED While A1 Not work | 20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE FII IN CERTIFYING CAU  19. (If in Boltimore in Jury Occur?)  21F. HOW DID INJURY OCCUR?  While 19 19 27 to 9  19 27 to 9  19 27 to 9  Attending Med. Staff Phys. Phys. 123D. ADDRESS  1.D. SIMM HUSP.  CREMATORY 24D. LOCATION (City  | NDINGS CONSIDERED SES OF DEATH?  City, give exact locotion)  Ign death accurred on the do 23B. DATE SIGNED  (State)  RYLAND |

FUNERAL DIRECTOR: IMPORTANT

|                  | DE OF Print) REBA  | RANONTONICK RE  | ZAYONCHICK CEPTE   | MAFR 101   | 1671 450 P.   |
|------------------|--|---|--|--|---|
| 3. P             | PLACE OF DEATH IN BALTIMORE, MA  |   | 00/10  |  | nstitution: residence before admission  |
| H                | FULL NAME OF (If not in hospitot<br>HOSPITAL OR oddress or locotic<br>NSTITUTION   | or institution, give street<br>on)                    | MARYLAND   |  | RURAL and give township)  |
| 0                | O 3620 SPAULDING   | AVENUE  | D. STREET ADDRESS (III 3620 SPAULDI  | rurol, give location) NG AVENUE  | 2/10  |
| 5. S             | FEMALE WHITE   | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) | 8. DATE OF BIRTH 3/8/1915  | 9. AGE (In years<br>lost birthdoy)<br>52   | If Under 1 Yr. If Under 24 Hrs<br>Months Doys Hours Min.  |
| 10A.<br>done     | . USUAL OCCUPATION (Give kind of wore during most of working life, even if retired) HOUSEWIFE  | AT HOME   | BALTIMORE  | gn country)  | 12. CITIZEN OF WHAT COUNTRY?  |
| 13. F            | FATHERS NAME<br>MICHAEL LE   |   | 14. MOTHER'S MAIDEN NAT  |  | WW.   |
| 5. V<br>Yes      | Was Doceased Ever in U. S. Armed Fo<br>s,no or unknown) (If yes, give wor or dot<br>NO   | es of service) 16. SOCIAL SECURITY NO.                | MR. HARRY ZAYO   | NCHICK 3620  | ADDRESS<br>SPUALDING AVE  |
| T                | 1B. / 6 - X  | CAUSE   | OF DEATH   |  | INTERVAL BETWEEN ONSET AND DEATH  |
|                  | DISEASE OR CONDITION DI  | RECTLY  | M. L. J. TT. C   | 0.00 :   |   |
|                  | (This does not meon the mode of<br>heart foilure, osthenia, etc. It meons<br>injury or complication which caused   | dying, e.g., DUE TO the disease, dideoth.)            | arcinoma of  | Luna   |   |
| NO               | (This does not meen the mode of heart foilure, osthenia, etc. It meens injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION lost.  | any, giving stoting the (C)                           | netastatic Co  | v  |   |
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| CAL CERTIF       | (This does not meen the mode of heart foilure, osthenia, etc. It meens injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION tost.  I OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A-DATE OF OPERATION 19B. CONTINUED TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A-DATE OF OPERATION 19B. CONTINUED TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A-DATE OF OPERATION 19B. CONTINUED TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A-DATE OF OPERATION 19B. CONTINUED TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A-DATE OF OPERATION 19B. CONTINUED TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19B. CONTINUED TO THE DEATH BUT NOT RELIDISEASE OR CONDITION TO THE DEATH BUT NOT RELIDISEASE OR CON | any, giving stoting the (C)                           |  | 20B. IF YES, WERE IN CERTIFYING CA   | FINDINGS CONSIDERED   |
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| MEDICAL CERTIFIC | (This does not meen the mode of heart foilure, osthenia, etc. It meens injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A-DATE OF OPERATION 19B. CONWAS PER 21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)   | any, giving stoting the (C)                           | 20A. AUTOPSY? (Yes or No office bldg., INJURY OCCUR?  21F. HOW DID INJ   | OF 208. IF YES, WERE IN CERTIFYING CA  | FINDINGS CONSIDERED LUSES OF DEATH?  The City, give exact location)  The City of the control of |
| MEDICAL CERTIFIC | (This does not mean the mode of heart foilure, asthenia, etc. It means injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (Note heapital that (I) (was) lost sow the decease and hour and from the causes sto  | any, giving stoting the (C)                           | 20A. AUTOPSY? (Yes or No office bldg., INJURY OCCUR?  21F. HOW DID INJ  21F. HOW DID INJ  21F. How DID INJ  21F. How DID INJ  Attending Med.  Director  Director | OF 208. IF YES, WERE IN CERTIFYING CA  | FINDINGS CONSIDERED AUSES OF DEATH? The City, give exect locotion   |
| MEDICAL CERTIFIC | (This does not mean the mode of heart foilure, asthenia, etc. It means injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING)  19A.DATE OF OPERATION 19B. CONWAS PER  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year)  21D. TIME (Month) (Day) (Year)  22. I certify that (I) (Naie hospital that (I) (was) lost sow the decease and hour and from the causes sto  | any, giving stoting the (C)                           | 20A. AUTOPSY? (Yes or No office bldg., INJURY OCCUR?  21F. HOW DID INJ  /hile  19  | OF 20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimor)  URY OCCUR?  19 5 to 5 part of the control of the contr | FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact location)  The City of the Control of |

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IMPORTANT

FUNERAL DIRECTOR:

| -1017                | 2_ 65  | 07/05                       | BALTIMORE CITY                                       | HEALTH DEPARTMENT                                    |                                 | 67 87                                | 85             |
|----------------------|--|-----------------------------|--|--|---------------------------------|--------------------------------------|----------------|
| BIRTH NO.            | 07   | 0/00                        | ) CERTIFICA  | TE OF DEATH  | Registered Na                   | 0,                                   | 00             |
| 1. NAME OF DE        |  |                             |  |  | AND HOUR OF DEATH               | 1                                    | 10 1           |
|                      |  | TRIEBWAS.                   | SER  |  | EMBER 12, 19                    |                                      | - H N          |
| B. PLACE OF D        | EATH IN BALTIMORE, MAI                       | YLAND                       |  | 4. USUAL RESIDENCE (WI                               | here deceased fived. II<br>JNTY | institution: residence be            | fore admission |
| FULL NAME            |  |                             | stroet   | MARYLAND   |                                 |                                      |                |
| HOSPITAL OF          | R oddress or location                        |                             |  |  | outside city limits, write      | RURAL and give town                  | ship)          |
| 1/2                  | 4 071117 113077                              | e                           |  | BALTIMORE,   | If rural, give location)        | 04/                                  | 6              |
| Tol                  | SINAI HOSPIT                                 | IAL                         |  | 3120 PARKING   |                                 | APT C                                |                |
| 5. SEX               | 6. RACE                                      | 7. MARRIED, NE              | VER MARRIED  | B. DATE OF BIRTH                                     | 9. AGE (In years                | I If Under 1 Yr. If                  | Under 24 Hr    |
| MALE                 | WHITE  | MAR                         | RIED (specify)                                       | 19.5   | lost birthdoy)                  | Months Doys Ho                       | urs Min,       |
| 10A. USLIAL OC       | CUPATION (Give kind of work                  |                             |  | 11. BIRTHPLACE (State or fo                          | reign country)                  | 12. CITIZEN OF<br>WHAT COUNT         | DV2            |
|                      | of working life, even if retired)  RCHANT    | RET                         | AIL  | HUNGAR   | RY                              | USA                                  | KT             |
| 3. FATHER'S NA       |  | ,,,,,,                      |  | 14. MOTHER'S MAIDEN N                                | AME                             |                                      |                |
| I GN                 | ATZ TRIEBWASSE                               | R                           |  | Sarah  |                                 |                                      |                |
| 5. Was Decease       | ed Ever in U. S. Armed Ford                  | es?   16                    | SOCIAL   | 17. INFORMANT  |                                 | ADDRESS                              |                |
| NO                   | wn) (If yes, givo wor or dote:               | of Selvice)                 | SECURITY NO.   | GOLDSTEIN FUN  | IERAL HOME 6                    | 410 N. BROAT                         | ST.            |
| 18.                  | 2 8 3 71                                     |                             | CAUSE O  | F DEATH  |                                 | HILADE PHIA                          | BETWEEN        |
| /                    | ASE OR CONDITION DIR                         | ECTLY                       |  | readed lyla  | . 1.                            | ONSET AN                             | DEATH          |
|                      | LEADING TO DEATH                             |                             | (A) My   | resided lya  | 1 arch                          | 60                                   | us.            |
|                      | nat mean the made al                         |                             | DUE TO /   | 1  |                                 |                                      |                |
| injury ar co         | amplication which coused                     | death.)                     | (0)  | NSCUD  |                                 | 3410                                 | 4              |
| 01000                | ANTECEDENT CAUSES                            |                             | DUE TO   | ***************************************              |                                 | 1                                    |                |
|                      | OR CONDITIONS, if a<br>the above cause (A)   |                             | (C)  |  |                                 |                                      |                |
| UNDERLYIN            | NG CONDITION last.                           |                             |  |  |                                 |                                      |                |
| Z OTHER CO.          | NIFICANT CONDITIONS CO                       | ONTRIGITING                 |  |  |                                 |                                      | The second     |
| ≥ TO THE             | DEATH BUT NOT RELA<br>R CONDITION CAUSING IT | TED TO THE                  |  |  |                                 |                                      |                |
|                      | OF OPERATION 198. CONI                       | DITION FOR WHI              | ICH OPERATION  | 20A. AUTOPSY? (Yos or                                | No) 208. IF YES, WERE           | FINDINGS CONSIDER<br>AUSES OF DEATH? | RED            |
| <u> </u>             | WAS PERF                                     | O K/VIED                    |  |  | IN CEXIFFING C.                 | AUJES OF DEATH!                      |                |
| OR CONTRI            | BUTING CAUSE OF                              | 21 B. PL.<br>home,<br>etc.) | ACE OF INJURY (o.g., in<br>larm, factory, street, of | n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR? | (If in Boltimo                  | ore City, give exoct loc             | otion)         |
| 21D. TIME            | (Month) (Doy) (Your)                         | (Hour) 21 E. IN             | JURY OCCURRED  | 21 F. HOW DID II                                     | NJURY OCCUR?                    |                                      |                |
| (APPROX.)            |  | While Work                  | At Work  | •  |                                 | - / /                                |                |
| 22. I certif         | fy that (I) (this hospital)                  | attended the                | deceased from 9                                      | 11167  | 19ta                            | 9/12/17                              | 19             |
|                      | e) last saw the decease                      |                             | 9/12/17  | 19and  |                                 | olnian deoth occurre                 |                |
| and haur a           | nd fram the causes state                     | ed abave; (1) (1            | ₩ <del>o)</del> (did) (d <del>id_no</del> t) ∨       | iew the bady after death                             |                                 |                                      |                |
| 23A. SIGNAT          |  | M.                          | 4.0  |  |                                 | 23B, DATE SIGNED                     |                |
|                      | (min   | Molar                       | M.D. Atte  | ending Mod. Director                                 | Stoff<br>Phys.                  | 9/12/67                              | 7              |
| 23 C. PHYSIC<br>NAME | IAN'S  | 0115:0                      | /  | 23D. ADDRESS   |                                 |                                      |                |
| NAME                 | (Type) OR. JOSEPH                            | SHEAR                       | M.D.   | 6715 PARK HE   | EIGHTS AVENU                    | E                                    |                |
|                      | REMATION, 248. DATE                          |                             | E of CEMETERY of CRI                                 |  |                                 | City, town, or county)               | (Stote)        |
| BURIAL &             |  | MONTI                       | FIORE CEMETE   | RY, PHILADELPH                                       | IA, PENNSYLV                    | ANIA                                 |                |
| 25A, DATE REC        | REMOVAL 9/12/                                | 258, NAME OF                | REGISTRAR  | 25C. FUNERAL DIRECT                                  |                                 | ADDRI                                |                |
|                      | SEP 1 4 1967                                 | AR 8-                       | E Tallema  | SOL LEVINSON   | & BROS. INC                     | 6010 REISTE                          | ERSTOWN        |
| VS 150-REV. 1/1      | 1/65   |                             |  | 11 0 0 U   | त्त्रे                          | <del></del>                          |                |

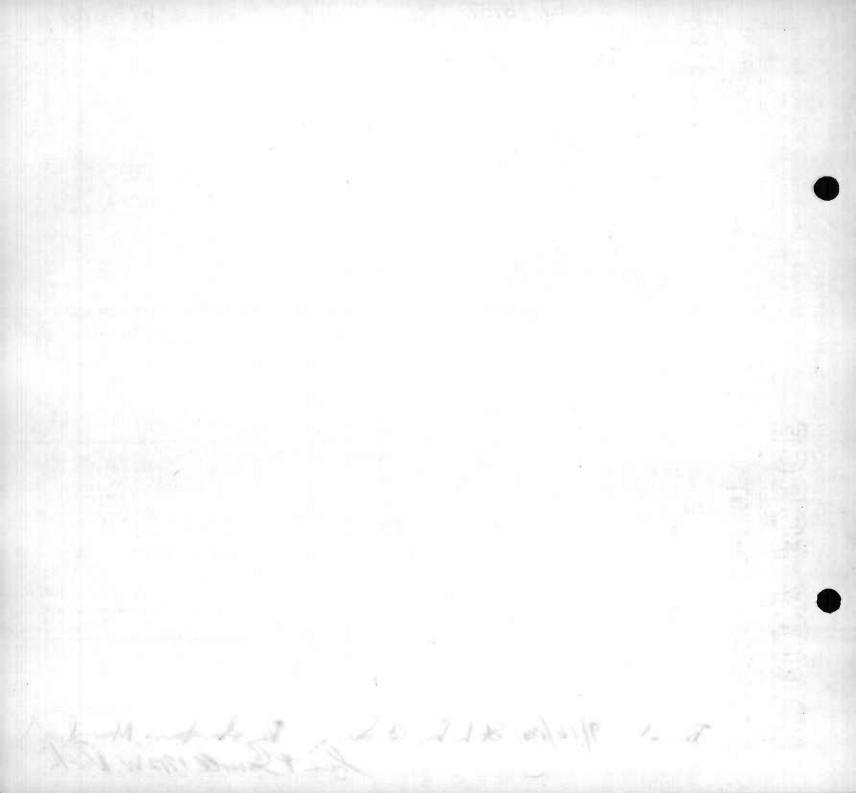
HUTCH LLD POPER FOR 17/10/17 A- 652 BIRTH NO.

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67. 8786

| BIRTH NO.                                  | MEDI   | CALEX                   | AMIINER 3 C  | EKTIFICATE OF DEATH KE  | egistered No.  |
|--|--|-------------------------|--|---|--|
| M.E. CASE NO.                              |  |                         |  |   |  |
| 1. NAME OF DEC                             | CEASED   |                         |  | 2. DATE AND HOUR PRONG  |  |
| RUTH                                       |  |                         | ARRINGTO   |   |  |
| 3. PLACE IN BALT                           | TIMORE, MARYLAND, W  | HERE PRONOU             | INCED DEAD   | 4. USUAL RESIDENCE (Where deceosed lived, A. STATE Baryland             | If institution: residence before edmission)  B. COUNTY       |
| FULL NAME OF<br>HOSPITAL OR<br>INSTITUTION | (IF NOT IN HOSPITA   | AL OR INSTITU<br>(TION) | JTION, GIVE STREET                                 | C. CITY OR TOWN (If outside corporate limits                            | s, write RUBAL and give township)                            |
| 0 801 W.                                   | Lexington St   | . (DOA)                 |  | Baltimore  D. STREET ADDRESS (If rurol, give locotion)                  | 18-01  |
|  |  |                         |  | 801 W. Lexington St   |  |
| Female                                     | 6. RACE  | WIDO WED, I             | DIVORCED (specify)                                 | B. DATE OF BIRTH 9. AGE (In lost birthdoy 64                            | yeors If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min. |
|  | Negro UPATION (Give kind of world  |                         |  | Y11. BIRTHPLACE (Stole or foreign country)                              | 12. CITIZEN OF   |
| OM   | working life, even if retired)   |                         |  | Florida   | WHAT COUNTRY?  |
| 13. FATHER'S NAM                           | n Knom   |                         |  | 14. MOTHER'S MAIDEN NAME  |  |
|  | D EVER IN U.S. ARMED   |                         | 16. SO CIAL<br>SECURITY NO.                        | 17. INFORMANT   | ADDRESS  |
| (C)0.                                      | LIES TELEVISION  |                         |  | MRS. Anderson. 2531   | 6 FLARFORD Rd.   |
| 18.42                                      | 21   |                         | CAUS   | E OF DEATH  | INTERVAL BETWEEN ONSET AND DEATH                             |
| DISEA                                      | SE OR CONDITION DI   | RECTLY                  |  |   |  |
|  | LEADING TO DEATH   |                         |  | osclerotic Cardiovascular   | Disease  |
| heort foilure<br>injury or co              | not meen the mode of<br>, osthenio, etc. It meens<br>mplication which coused | the disease.<br>deoth.) | DUE TO   |   | Marie Marie  |
|  | ANTECEDENT CAUSE   | s                       |  |   |  |
|  | OR CONDITIONS, IF A  |                         | (B)<br>DUE TO                                      |   |  |
|  | E ABOVE CAUSE (A) S'   | TATING THE              |  |   |  |
|  |  |                         | (C)  |   |  |
|  | II II  |                         |  |   |  |
| O THE                                      | NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING                     | LATED TO T              |  |   |  |
| 19A. DATE OF                               | OPERATION 198. CON   | DITION FOR              | WHICH OPERATION                                    | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, W                               |  |
| 0  | WAS PER  | FORMED                  |  | No IN CERTIFYING  | CAUSES OF DEATH?   |
| UNDERLYING                                 | L CAUSE WAS<br>OR CONTRIB-   | 21B.<br>home,<br>etc.)  | PLACE OF INJURY (e.g.,<br>, form, foctory, street, | in or obout 21C. WHERE DID (If in Boltimore Colfice bldg., NJURY OCCUR? | City, give exoct location)                                   |
| 21D TIME                                   | (Month) (Doy) (Yeo   | ) (Hour) 2              | 1E. INJURY OCCURRED                                | 21F. HOW DID INJURY OCCUR?  |  |
| (APPROX.)                                  |  | m. V                    |  | WHILE WORK  |  |
| 22.<br>i cer                               | tify that I held an I  | ngulry 🗌                | Inspection X Au                                    | stopsy and that on this basis, deat                                     | h In my apinion  |
| resu                                       | ted from: Natural co   | uses X A                | sccident Suici                                     | de Hamicide Undetermined  | monner   |
|  | 1.   |                         |  | CHIEF MEDICAL EXAMINER  | DATE SIGNED  |
| SIGNAT                                     |  | 125                     | 71   | ASSISTANT MEDICAL EXAMINER  | DATE STORED  |
| EXAMIN<br>NAME (                           | IER'S Werner   | U. Spit                 |  | ASSOCIATE MEDICAL EXAMINER  | 9/5/67   |
| 23A, BURIAL CRE                            | MATION, 23B. PATE  | 23                      | C. NAME OF CEMETERY                                | OF CREMATORY 23 D. LOCATION   | (City, town, or county) (Stote)                              |
| REMOVAL (Specification)                    |  | 67 /                    | Mt Calum<br>OF REGISTRAR                           | A-A. Co   | Md_<br>ADDRESS   |
|  | SEP 1.4 1967   | 0.0.13                  | 1 3º B /   | Mansh 11 W Jones  | In HARFORD ALE   |
| VS 151-REV. 1/1/                           |  | 1 .)                    | 5/00   | 08800   |  |

missid of 6/15/1903 Dominifica Totalda HAC ME present 1/19/62 Actualous

| BIRTH  | H NO,  | ( FD I IFI( A  |   | Registered Na.   |  |
|--|--|--|---|--|--|
| 1. NA  | CASE NO.  AME OF DECEASED  or Print)  1  |  | TE OF DEATH   | ND HOUR OF DEATH   | 4 30   |
|  |  | HARLES   | 0   | 7/12/67  | 6 30 F   |
| FU<br>HC   | ULL NAME OF OSPITAL OR Oddress or locotion)  LUTHERAN HOSPITA  | lutian, give street  | MARYLAND<br>C. CITY OR TOWN 111 OU<br>BALTIM  | NTY  Itside city limits, write  ORE  Tyrol, give location)   | RURAL and give towaship  |
| 5. \$E   |  | RRIED, NEVER MARRIED   | 8. DATE OF BIRTH  | PAYETTE  | If Under 1 Yr. , If Under 24   |
| IV   | AHLE COLVEED   | SINGLE   | 5/21/40   | lost birthdoy)   | Months Doys Hours Mi   |
|  | USUAL OCCUPATION (Give kind of work 10 B. KI<br>during most of working life, even if retired)  | ND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (State or fore   | ign country)   | 12. CITIZEN OF<br>WHAT COUNTRY?  |
| 13. F  | ATHERS NAME  |  | 14. MOTHER'S MAIDEN NA  | ME   |  |
|  |  |  |   |  |  |
| 5. W<br>Yes,   | os Deceased Ever in U. S. Armed Forces?<br>no or unknown) (If yes, give wor or dates of se   | rvice) 1 6. SOCIAL<br>SECURITY NO.   | 17. INFORMANT   |  | ADDRESS  |
| 1  | 8.260X I   | CAUSE O  | F DEATH   |  | INTERVAL BETWEEN   |
|  | DISEASE OR CONDITION DIRECTLY  | NI   | ARETIC VET  | ACIDACIS   | ONSET AND DEATH  |
| 1  | LEADING TO DEATH (This does not mean the mode of dying,  | e.g., DUE TO   | ABETIC KET  | 1700117  | : 2 aug/   |
|  | hearl failure, asthenia, efc. If means the di-<br>injury or complication which caused death.!  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling  | (B) DUE TO   |   |  |  |
|  | injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION last.  | (B) DUE TO giving (C)  |   |  |  |
| ATION  | injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  | (B) DUE TO giving g the (C)  BUTING O THE  | 20A. AUTOPSY? (Yes or No  |  | FINDINGS CONSIDERED  |
| CERTIFICATION  | ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBETO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  9A. DATE OF OPERATION 198. CONDITION WAS PERFORMED CONDITION CAUSING IT.   | giving githe (C)  BUTING O THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in  | 20A. AUTOPSY? (Yes or No  | D) 20B. IF YES, WERE<br>IN CERTIFYING CA   | FINDINGS CONSIDERED USES OF DEATH?   |
| AL CERTIFICATION   | ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  9A. DATE OF OPERATION 198. CONDITION WAS PERFORMED.  | (B) DUE TO giving g the (C)  BUTING O THE  | 20A. AUTOPSY? (Yes or No  | D) 20B. IF YES, WERE<br>IN CERTIFYING CA   | FINDINGS CONSIDERED  |
| EDICAL CERTIFICATION   | ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  9A. DATE OF OPERATION 198. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF CONTRIBUTIONS (Month) (Doy) (Year) (Hour   | giving giving githe (C)  BUTING O THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)   | 20A. AUTOPSY? (Yes or No  | O) 20B. IF YES, WERE<br>IN CERTIFYING CA   | FINDINGS CONSIDERED USES OF DEATH?   |
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| MEDICAL CERTIFICATION  | ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBETO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  9A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CO | giving giving gifhe (C)  BUTING O THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., ir home, farm, factory, street, of etc.)  218. INJURY OCCURRED  While At Not While Work At Work  Ided the deceosed from  | 20A. AUTOPSY? (Yes or No<br>n or about 21C. WHERE DID<br>ffice bldg., INJURY OCCUR?<br>21F. HOW DID INJ   | (If in Boltimore   | FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)   |
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| MEDICAL CERTIFICATION  | ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  9A. DATE OF OPERATION 198. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour DEATH (Notify that (I) (this hospital) attention that (I) (we) last saw the deceased aliverand hour and from the causes stated about 31A. SIGNATURE  | giving gi | 20A. AUTOPSY? (Yes or Not provided in or about 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 67 ond the few the bady ofter deoth.          | O) 20B. IF YES, WERE IN CERTIFYING CA  (If in Baltimore)  URY OCCUR?   | FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)  1/12  19  nion death occurred an the   |
| MEDICAL CERTIFICATION  | ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBETO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  9A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTING CAUSING IT.  21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hourd DEATH (notify medical examiner)  22. I certify that (I) (this hospital) attention that (I) (we) last saw the deceased aliverable hat (I) (We) last saw the deceased aliverable h | giving Gi | 20A. AUTOPSY? (Yes or Not not about 21C. WHERE DID fifce bldg., INJURY OCCUR?  21F. HOW DID INJ  21F. HOW DID INJ  21F. How did not the bady ofter death.             | (If in Boltimore   | FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)  7/12  19  Infon death occurred an the  |
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| MEDICAL CERTIFICATION  5.00  5 | ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBETO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  9A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hourd DEATH (notify medical examiner)  22D. TIME (Month) (Day) (Year) (Hourd DEATH (Notify that (I)) (this hospital) attention that (I) (we) last saw the deceased aliverand hour and from the causes stated about the course of the causes stated about the cause of th | giving gi | 20A. AUTOPSY? (Yes or Not not obout 21C. WHERE DID injury Occur?)  21F. HOW DID INjury Occur?  21F. HOW DID INjury Occur?  19 67 ond the few the bady ofter death.    | O) 20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimore)  URY OCCUR?  19 67 to  not in (my) (our) apl  Stoff Phys. | FINDINGS CONSIDERED USES OF DEATH?  City, give exect locotion)  1/12  19  nlon death occurred an the   |
| MEDICAL CERTIFICATION  5.00  5 | ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  9A. DATE OF OPERATION 198. CONDITION WAS PERFORMED CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hourd Death (Notify that (I)) (this hospital) attention that (I) (we) last saw the deceased aliverand hour and from the causes stated about the country of the causes stated about the country of the causes stated about the country of the country of the causes stated about the country of the causes stated about the country of the country of the causes stated about the country of the causes stated about the cause of the causes stated about the cause of the causes stated about the cause of the cause  | giving gi | 20A. AUTOPSY? (Yes or Not not obout 21C. WHERE DID injury Occur?)  21F. HOW DID INjury Occur?  21F. HOW DID INjury Occur?  19 67 ond the few the bady ofter death.    | O) 20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimore)  URY OCCUR?  19 67 to  not in (my) (our) apl  Stoff Phys. | FINDINGS CONSIDERED USES OF DEATH?  City, give exect locotion)  7/12 19 6  n/on death occurred an the  |
| MEDICAL CERTIFICATION  | ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  9A. DATE OF OPERATION 198. CONDITION WAS PERFORMED CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hourd Death (Notify that (I)) (this hospital) attention that (I) (we) last saw the deceased aliverand hour and from the causes stated about the country of the causes stated about the country of the causes stated about the country of the country of the causes stated about the country of the causes stated about the country of the country of the causes stated about the country of the causes stated about the cause of the causes stated about the cause of the causes stated about the cause of the cause  | giving gi | 20A. AUTOPSY? (Yes or Not not obout 21C. WHERE DID injury Occur?)  21F. HOW DID INjury Occur?  21F. HOW DID INjury Occur?  19 67 ond the few the bady ofter death.    | O) 20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimore)  URY OCCUR?  19 67 to  not in (my) (our) apl  Stoff Phys. | FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)  7/12  19 6  n/on death occurred an the exact location of the exact l |



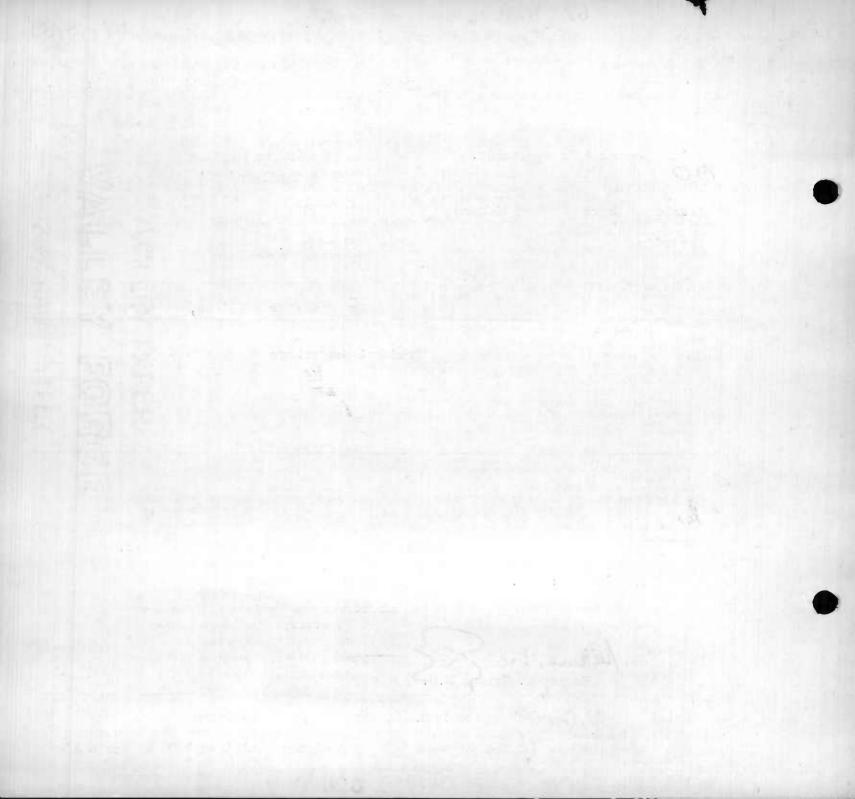
| 13,       | 111-17  | P-       | +()               |   | m 0m          | BALTIMORE CIT  | HEALTH DE        | PARTMENT         |   | 67                             | 8788                           |
|-----------|---|----------|-------------------|---|---------------|--|------------------|------------------|---|--------------------------------|--------------------------------|
| 114       | 757053  | BIRT     | H NO.             | 6   | 7 87          | CERTIFICA  | TE OF            | DEATH            | Registered No                           | 07                             | 0700                           |
| 1 2       | and<br>eath<br>ased<br>the<br>the   | M.I      | AME OF DECI       | EASED   |               |  |                  |                  | AND HOUR OF DEATH                       |                                |                                |
| ~ )       | de de   | (Тур     | e or Print)       | ELLIS WES   | LEY           |  |                  | 0                | -6-67                                   | 18.0                           | O AM M.                        |
| 20        | ++0   | 3. 1     | LACE OF DEA       | TH IN BALTIMORE, MA   | RYLAND        |  | 4. USUAL R       | ESIDENCE (WI     | here deceased fived. If in              |                                |                                |
| 33        | Se Do   | Į.       |                   |   |               |  | A, STATE         | B. COL           | INIT                                    |                                |                                |
| 2         | 5 8 5 P   | # 1      | FULL NAME OF      | F (If not in hospital oddress or location                   | n)            | give street  | C. CITY OR       |                  | outside city timits, write              | RURAL ond give                 | township)                      |
| 106       | 0 0 0 0 0   | <b>"</b> |                   |   |               | 14.7   | BAL              | TIMORE           |   | 1                              | 4-01                           |
| 1,12      | i Bath  | 9        | 2 ZIHE            | JOHNS HOPKIN  | IS HOSP       | HAL  | D. STREET A      |                  | If rural, give location)                |                                |                                |
| 1)        | P d in  |          | 2                 |   | 0.00000       |  | 238              | WILSON           | STREET                                  |                                |                                |
| -         | iburined in a de g  | 5. 5     | EX                | 6. RACE   | 7. MARRIED    | D, DIVORCED (specify)                                | B. DATE OF       |                  | 9. AGE (In years<br>lost birthday)      | If Under 1 Yr.                 | If Under 24 Hrs.<br>Hours Min. |
|           | ntrib<br>rmin<br>egul<br>ased<br>s ma   | #        | MALE              | NEGRO   | STN           | GLE  | 6-13-0           |                  | 58                                      |                                |                                |
|           | 40 to 10 to | don      | USUAL OCCU        | JPATION (Give kind of wor<br>working life, even if retired) | k 10B. KIND O | F BUSINESS OR INDUSTR                                | 11. BIRTHPLA     | CE   State or fo | reign country)                          | 12. CITIZEN O                  | DUNTRY?                        |
|           | or nde  |          | Laborer           |   |               |  | South            | Carol            | ina                                     | US                             | A                              |
|           | TO DEAM   | 13.      | FATHER'S NAM      | A E   |               |  | 14. MOTHER       | S MAIDEN N       | AME                                     |                                |                                |
| -         | w the the ispo  |          |                   |   |               | ?  |                  |                  |   |                                | ?                              |
| Z         |   | 15.      | Was Deceased      | Ever in U. S. Armed Fo                                      | rces?         | 1 6. SOCIAL  | 17. INFORMA      | NT               |   | ADD                            | RESS                           |
| Z         | istar<br>he d<br>kind;<br>deat<br>ce o  | 2        | , no or unknown   | (If yes, give war or dat                                    | es of service | SECURITY NO.   | 2.5              | 44               |   |                                |                                |
| IMPORTAN  | f t t   | <b>—</b> | 18. / / -         |   |               | CAUSE  | MAS<br>OF DEATH  | Marry            | Manning 1152                            |                                | VAL BETWEEN                    |
| P         | Also, if re of any nounced attended or  |          | 165               | E OR CONDITION DI   | DECTIV        | CAUSE  | , DEATH          |                  |   |                                | AND DEATH                      |
| \$        | Also<br>e of<br>nour<br>med   | Į.       |                   | LEADING TO DEATH  |               | (A)  | CANCER           | OF LUN           | G                                       | 100                            |                                |
|           |   |          | (This does n      | of meon the mode of osthenia, etc. If meons                 | dying, e.g.,  | DUE TO   |                  |                  | *************************************** |                                |                                |
| 8         | miner. fractu o pro gular emba  | #        |                   | plication which coused                                      |               |  |                  |                  |   |                                |                                |
| 9         | frago of page   |          | 1                 | ANTECEDENT CAUSES   | 5             | DUE TO   |                  |                  |   |                                | *********                      |
| Ü         | A fr<br>who<br>reg  |          |                   | R CONDITIONS, if  |               |  |                  |                  |   |                                |                                |
| DIRECTOR: | S E E   | 1        |                   | G CONDITION last,   | slating the   | (C)  |                  |                  |   |                                |                                |
|           | edical<br>dical<br>nrns;<br>rsicia<br>was<br>main   | 1        |                   | 11  |               |  |                  |                  |   |                                |                                |
| 7         | medica<br>edica<br>burns,<br>hysici<br>n was<br>remai   | ATION    | OTHER SIGNI       | FICANT CONDITIONS   | ONTRIBUTIN    | G  |                  |                  |   |                                |                                |
| 8         | - E 0 B "   | AT       | DISEASE OR        | EATH BUT NOT REL  | IT.           |  |                  |                  |   |                                |                                |
| UNERAL    | chief<br>a n<br>Body<br>the p<br>ysicie   | RTIFIC   | 19A. DATE OF      | OPERATION 198. CON  | IDITION FOR   | WHICH OPERATION                                      | 20A. AUT         | OPSY? (Yes or    | No. 208. IF YES, WERE IN CERTIFYING CA  | FINDINGS CONS<br>USES OF DEATH | SIDERED                        |
| 5         | 7 - B + X - >   | ER       | 21 A ACCIDEN      | IT WAS UNDERLYING   | 7 216         | BLACE OF INITION                                     | - (              | 10               |   |                                |                                |
| ш         | the (2)   | A P      | OR CONTRIBU       | TING CAUSE OF   | hor           | B. PLACE OF INJURY (e.g., ne, form, foctory, street, | ffice bldg., INJ | URY OCCUR?       | tit in sommer                           | e City, give exoc              | i locotion)                    |
|           | >= 0 - Z - 3  | U        |                   |   |               |  |                  |                  |   |                                |                                |
|           | atur<br>atur<br>pt w<br>(6)   | - 44     | OF INJURY         | (Month) (Doy) (Year)  |               | LINJURY OCCURRED  hite At Not Whi                    |                  | HOW DID I        | NJURY OCCUR?                            |                                |                                |
|           |   | 2        | (APPROX)          |   | W             |  | ie 📗             |                  |   |                                |                                |
| -         | prov<br>the I<br>ny n<br>exce<br>and<br>obta  |          |                   | that (1) (this hospito                                      |               |  | 9-6-67           | *************    |   | -6-67                          | 19,                            |
|           | 00000   |          | that (I) (we)     | lost saw the deceas   | ed alive on.  | 9-6-67   | 19               | and              | that in (my) ( <u>our)</u> opi          | nion death occ                 | urred on the date              |
|           | 0 0 0   | \$       | and hour and      | from the couses sto   | ted above. (  | 1) (We) (did) (did not)                              | view the bod     | y ofter death    | 1.                                      |                                |                                |
|           | dent of death)  | 1        | 23A. HGNATU       | RE /  | 12            |  |                  |                  |   | 238, DATE SIG                  |                                |
|           | 3 9 .5 . 6  | 2        | 120               | ws Hi   | on            | M.D. At  | ending           | Med.<br>Director | Stoff Phys. XX                          | 9-6-6                          | 7                              |
|           | ac ac   |          | 23 OF PHYSICIA    | N'S   | 11            |  | 23D. ADDRESS     |                  |   |                                |                                |
|           | ificate my was rel  1) An acc  3.A. at a l  d prior to  | 950      | J                 | •   | YRBS          | M.D.   | THE JO           | OHNS HO          | PKINS HOSPI                             | TAL                            |                                |
|           | certificate body was rest. (1) An a D.O.A. at assed prior fen approved to the component of | 244      | BURIAL CRE        | MATION, 24B, DATE   |               | AME of CEMETERY or CI                                |                  |                  |   | ty, town, or cour              | nty) (Stote)                   |
|           | ody<br>ody<br>S: (1<br>D.O.<br>dse  | į        | REMOVAL IS        |   | 67            | 364 G - 7  | 7                |                  |   |                                |                                |
|           | This certify the body shows: (1) was D.O. deceased written a  | 25A      | Burial DATE REC'D | SHAL H DEEDS  | 258 NAME      | Mt Calvary of Rigistian                              | Cemetry 25C. FUN | ERAL DIRECTO     | A County                                | Md                             | DDRESS                         |
| 200       | This the k show was dece  |          | _                 | API WX 1901   | Violen        | JE TO BEYEN  |                  |                  |   | S TIT Manual                   | ala A a                        |
|           |   | VS       | 150-REV. 1/1/6    | 55  |               |  | Since            | Philas L         | alstead 120                             | J W NOTT                       | II Ave                         |

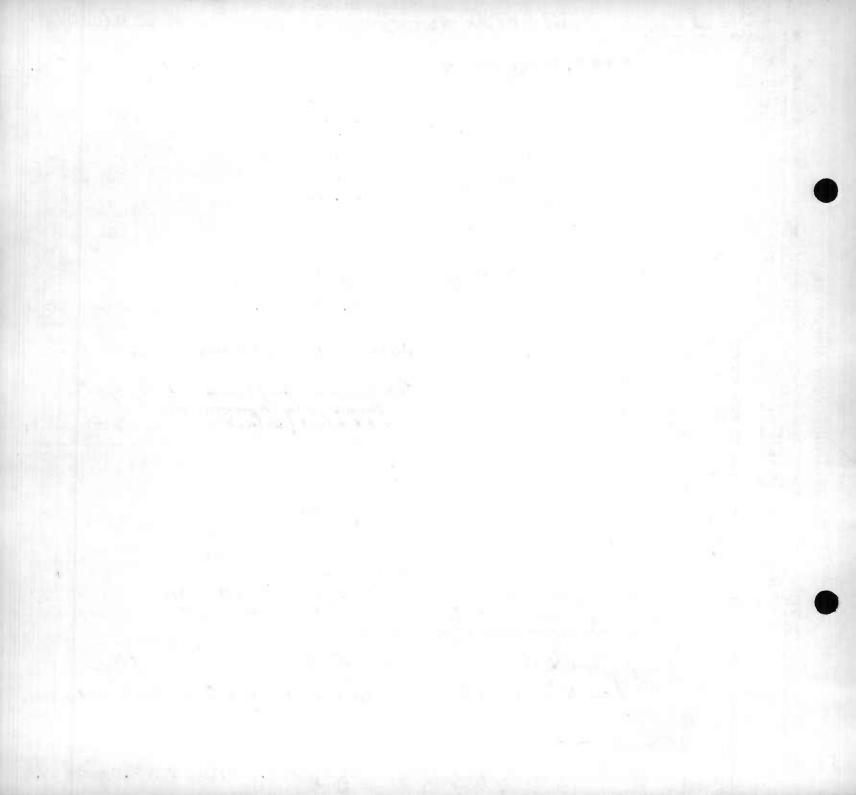


| 217 | DALO | CT             | HEALTH DEPARTMENT |
|-----|------|----------------|-------------------|
| ) ( | 0/00 | BALTIMORE CITY | HEALTH DEPARTMENT |

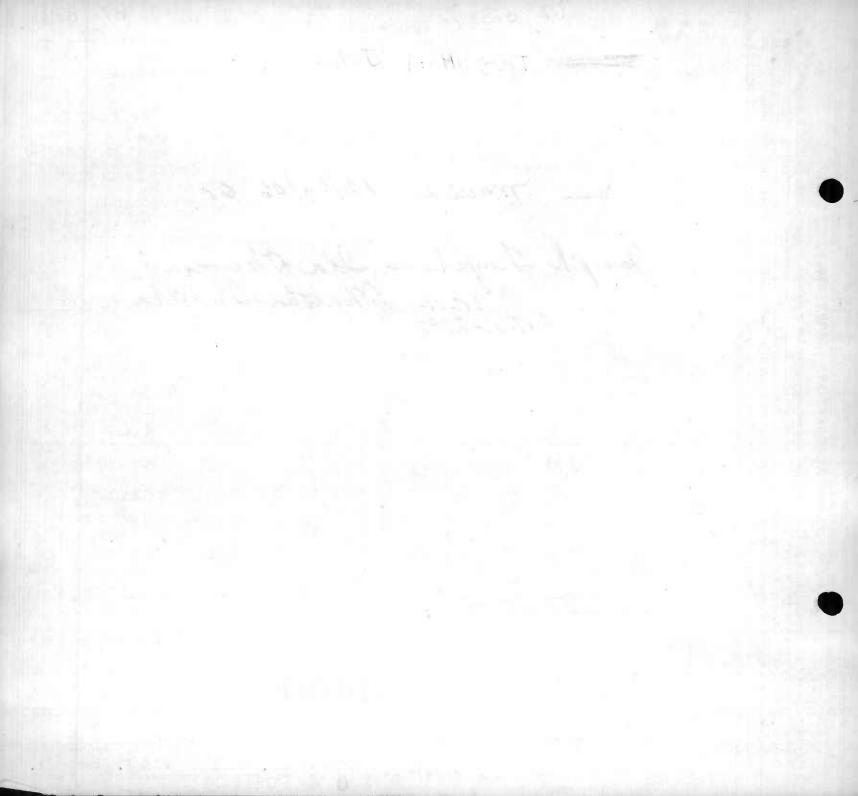
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8789

| M.E. CASE NO.                              |  |                        |   |                                  |                          |  |                     |                   |
|--|--|------------------------|---|----------------------------------|--------------------------|--|---------------------|-------------------|
| 1. NAME OF DEC                             | CEASED   |                        |   |                                  | 2. DATE AN               | D HOUR PRONOUNCE                       | ED DEAD             |                   |
| ADELI                                      | Γ,   |                        | HICKS   |                                  | Sep                      | tember 11, 1                           | 1967                | 1:22 A.           |
|  | IMORE, MARYLAND, W   | HERE PRONO             |   | A. STATE                         |                          | deceosed lived, If insti<br>B, COU     | itution: residen    |                   |
| FULL NAME OF<br>HOSPITAL OR<br>INSTITUTION | (IF NOT IN HOSPITA<br>ADDRESS OR LOCA  | AL OR INSTITU          | JTION, GIVE STREET                              |                                  |                          | le corporote limits, write             | RURAL ond           | give township)    |
| Fulton /                                   | Avenue & Lafa  | votto S                | +   |                                  | ltimore                  |  |                     | 150               |
| 00   | Avenue & Lara  | yette 3                |   | 1.622                            | M Smallw                 |  |                     |                   |
| 5. SEX                                     | 6. RACE  |                        | NEVER MARRIED                                   | B. DATE OF                       |                          | 9. AGE (In years                       | If Under 1          | Yr. If Undor 24 H |
| Female                                     | Negro  | Wid                    | DIVORCED (specify) OWED                         |                                  | 25/16                    | lost birthdoy) 41                      | Months, Do          | ys Hours Mi       |
|  | working life, even if retired)   | 10B. KIND O            | BUSINESS OR INDUSTRY                            | - 12.5                           | ACE (State or fore)      | gn country)                            | 12. CITIZEN<br>WHAT | OF<br>COUNTRY?    |
| 13. FATHER'S NAM                           |  | 1                      |   |                                  | R'S MAIDEN NAM           | E                                      | 100                 | 42                |
|  |  |                        | 2   |                                  |                          |  |                     | 2                 |
| 15. WAS DECEASE                            | D EVER IN U.S. ARMED   | FORCES?                | 16, SO CIAL                                     | 17. INFORM                       | ANT                      |  | ADDRESS             | - 1               |
|  | (If yes, give wor or date  |                        | SECURITY NO.                                    | Mrr                              | Thomas                   | H icks.                                | same                |                   |
| 11B.                                       | C = 1/   |                        | CALLSE  | OF DEATH                         | 4                        |  | IN                  | TERVAL BETWEE     |
| DISEASES RISE TO TH UNOERLYIN OTHER SIG    | OR CONDITIONS, IF A E ABOVE CAUSE (A) ST NG CONDITION LAST.  II  NIFICANT CONDITIONS DEATH BUT NOT REI | NY, GIVING TATING THE  |   |                                  |                          |  |                     |                   |
| 19A. DATE OF                               | R CONDITION CAUSING OPERATION 198, CON WAS PER   | DITION FOR             | WHICH OPERATION                                 | 20A. AU                          | TOPSY? (Yes or No)       | 20B. IF YES, WERE FIN                  |                     |                   |
| 21 A. EXTERNA<br>O UNDERLYING<br>UTING CAU | CAUSE WAS<br>OR CONTRIB-   | 21 B.<br>home<br>etc.) | PLACE OF INJURY (e.g., form, foctory, street, o | in or obout 2<br>ffice bldg., II |                          | (If in Boltimore City, give & Lafayett | te St.              | ion)<br>16-04     |
| OF INJURY                                  | (Month) (Doy) (Yeor<br>9/11/67 1:2   | 0 4                    | WHILE AT NOT                                    | WHILE X                          | IF. HOW DID INJ<br>Beate | URY OCCUR?                             |                     |                   |
| 22.  | tify that I held an I  |                        |   | opsy X                           | and that an th           | is basis, death in m                   | v apinian           |                   |
|  |  |                        |   |                                  | 12-n                     |  |                     |                   |
| resul                                      | ted fram: Natural ca   | uses A                 | Suicld  |                                  |                          | Undetermined manne                     | er 🔛                |                   |
| ACTUAL                                     |  | h                      | STO M.D.  | ACCIPCAN                         | EF MEDICAL EX            |  |                     | DATE SIGNED       |
| EXAMIN<br>NAME (                           | IER'S Warner   | U. Spi                 | tz, M.D.  |                                  | TE MEDICAL E             |  |                     | 9/11/67           |
| 23A. BURIAL CRE.<br>REMOVAL ISPECIF        | MATION, 23B. DATE  |                        | C. NAME of CEMETERY o                           |                                  |                          | altimore Md                            | town, or coul       | nty) (Stote)      |
| 24A. DATE REC'D                            | BY HEALTH DEPT.  |                        | OF REGISTRAR                                    | 24C. F                           | UNERAL DIRECTO           | R                                      | ADI                 | DRESS             |
|  | SEP 1 4 1967   |                        | C. Z. D. us                                     |                                  |                          | alstead 1206                           |                     | th A'e            |

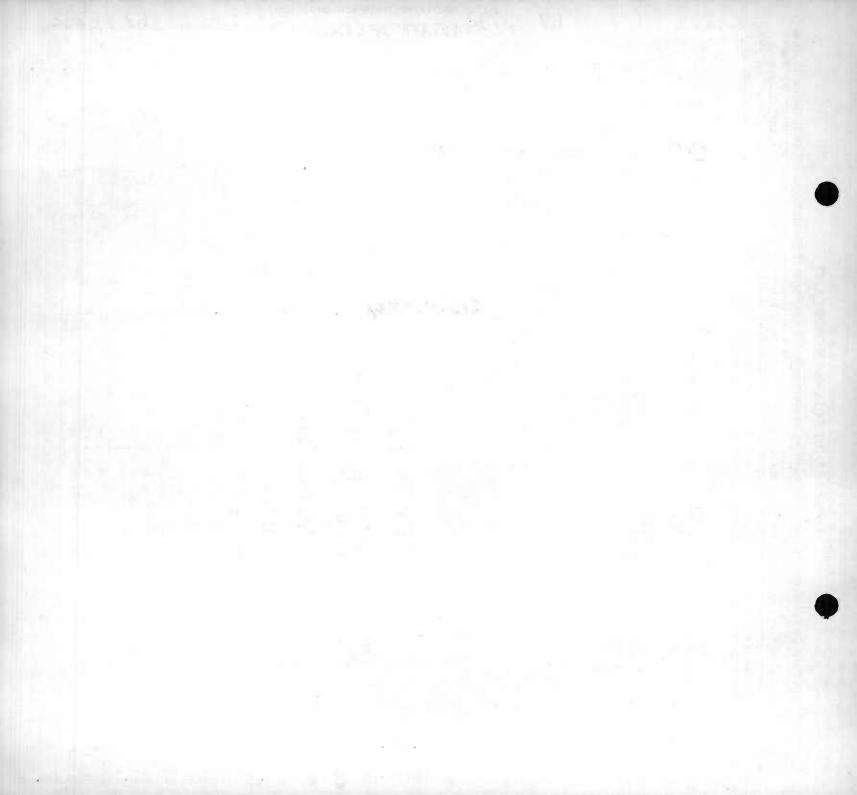




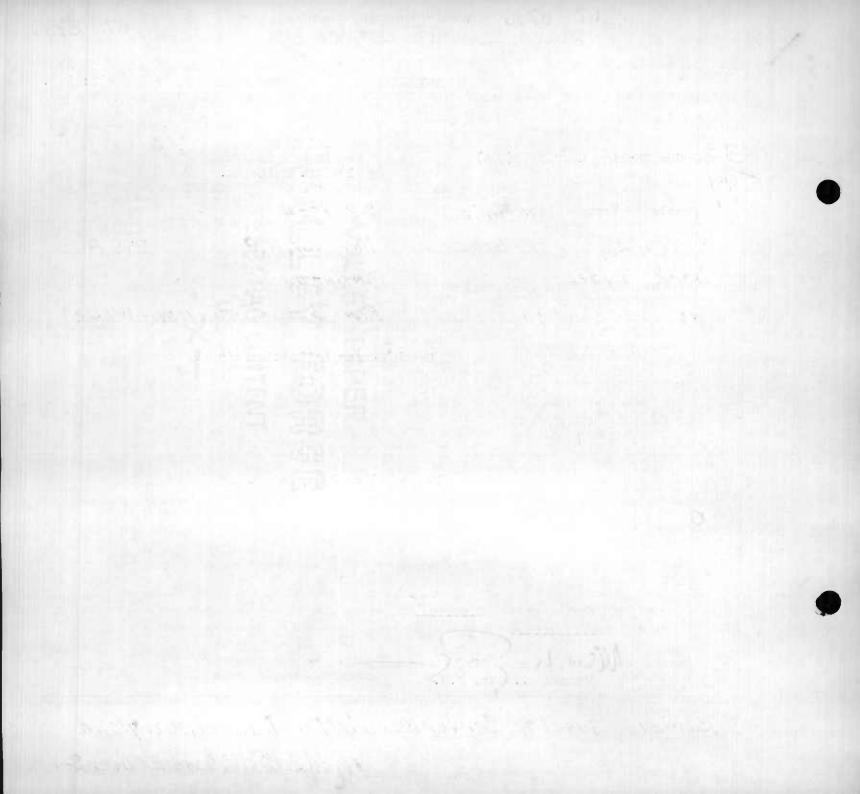
VS 150-REV. 1/1/65



| 1, NAME OF<br>Type or Print  |  |  |  |  |  | D HOUR OF DEAT  |  |
|--|--|--|--|--|--|---|--|
|  | Ernest   |  |  |  | Sep  | tember 10,  | 1967   1:  |
| 3. PLACE O   | F DEATH IN BALTI   | MORE, MAR  | YLAND  | 4. US  | UAL RESIDENCE (When  | e deceased lived, If  | institution: residence bel   |
| FULL NA  | ME OF US not   | in hospital a  | r institution, give street   |  | Maryland   |   |  |
| HOSPITAL   | OR oddres  | s or location  | manion, give siree   |  |  | side city limits, write   | e RURAL and give towas   |
| 1142111011   |  | Ann'   | eton Street  |  | Baltimore  |   | 16-0   |
| 00   |  |  | Maryland 212   | 5 67   |  | rurol, give location)   |  |
| 00   | Dal.U.   | THOIE,   | riar yranu zrz   |  | 917 N/ Apple   | tan Ctmoat  |  |
| 5. SEX   | 6. RACE  |  | . MARRIED, NEVER MAR   | RRIED B. DA  | E OF BIRTH   | 9, AGE (In years  | If Under 1 Yr., If   |
| Male   | Colo   | had.   | Married  |  |  | last birthdoy)<br>59  | Months Doys Hou  |
| OA, USUAL  | COLO:  | kind of work   | 108. KIND OF BUSINESS O  | R INDUSTRY 11. BI  | ril 15, 1908   | gn country)   | 12. CITIZEN OF   |
| done during m  | ast of working life, eve   | on il retired)   |  |  |  |   | WHAT COUNT   |
|  | Operator   |  |  |  | orth Carolin   |   | USA  |
| 13. FATHER'S   | NAME   |  |  | 14. M  | OTHER'S MAIDEN NA!   | WE  |  |
| Ozie   | McGee  |  |  | Te   | ronie Presle   | Tr  |  |
| 5. Was Dec   | eased Ever in U. S.  | Armed Farc   | s? 16. SOCIAL  | 17, IN   | FORMANT  | a)  | ADDRESS  |
| res, no ol uni   | (nown) (If yes, give   | wor or dofes   |  |  |  |   |  |
| 10   |  |  | 216-10   | 0.5 8 344 Mr   | s. Christphi   | ne R. McGe  | e same   |
| 18. / 9  | 92   |  |  | CAUSE OF DEA   | IH   |   | INTERVAL E   |
| D  | ISEASE OR CONE   |  | CTLY   | 6.   | -  |   | 2  |
| (This di   |  |  |  | (A)  | momalose   | 7   | 7 m  |
|  | oes not meon the   | mode of  | dving, e.g.,   | DUE TO   |  |   |  |
| heart fa   | oes not meon the   | . It meons   | the disease,   | DUE TO   |  |   |  |
| heart fa   | ilure, asthenia, etc<br>r complication whi   | . It meons<br>ch coused  | the disease,   | (B)  |  |   |  |
| heait fa<br>injury a   | ilure, asthenia, etc<br>r complication whi<br>ANTECEDEN  | ch coused  | the disease,<br>deoth.)  | (B)  |  |   | ***************************************  |
| heart fa<br>injury a   | ilure, asthenia, etc<br>r complication whi<br>ANTECEDEN<br>ES OR CONDITI   | . It means ch coused T CAUSES  | the disease,<br>death.)  | (B)  |  |   |  |
| heart fa   | ilure, asthenia, etc<br>r complication whi<br>ANTECEDEN  | . It meons ch coused T CAUSES ONS, if couse (A)  | the disease,<br>death.)  | (B)  |  |   |  |
| DISEASI  | ilure, asthenia, etc<br>r complication whi<br>ANTECEDEN<br>ES OR CONDITI   | . It meons ch coused T CAUSES ONS, if couse (A)  | the disease,<br>death.)  | (B)  |  |   |  |
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| DISEASI IIISE IO UN DERI   | iluie, asthenia, etc<br>r complication whi<br>ANTECEDEN<br>ES OR CONDITIO<br>the obave c<br>LYING CONDITIO<br>SIGNIFICANT CON<br>LE DEATH BUT<br>E OR CONDITION  | . If meons ch coused to CAUSES ONS, if a couse (A) N lost.  DITIONS CC NOT RELACAUSING IT  | the disease, deoth.)  ny, giving stating the  ONTRIBUTING TED TO THE   | (B)<br>DUE TO  |  |   |  |
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| NOUTHER TO THE DISEAS:   | iluie, asthenia, etc<br>r complication whi<br>ANTECEDEN<br>ES OR CONDITIO<br>the obave c<br>LYING CONDITIO<br>SIGNIFICANT CON<br>LE DEATH BUT<br>E OR CONDITION  | . If meons ch coused to CAUSES ONS, if obuse (A) N lost.  DITIONS CONTROL CAUSING IT 198. CONTWAS PERFORMED  | the disease, deoth.)  ny, giving stating the  ONTRIBUTING TO THE  DITION FOR WHICH OPER, OR STATE OF THE   | (B)  | A. AUTOPSY? (Yes or No   | ) 208, IF YES, WER<br>IN CERTIFYING C   | E FINDINGS CONSIDERE   |
| NOTHER TO THE DISEAS:  | iluie, asthenia, etc<br>r complication whi<br>ANTECEDEN<br>ES OR CONDITIO<br>the obave c<br>LYING CONDITIO<br>SIGNIFICANT CON<br>LE DEATH BUT<br>E OR CONDITION<br>TE OF OPERATION   | If meons ch coused to CAUSES ONS, if couse (A) N lost.  DITIONS CONT RELACAUSING IT 198. CONT WAS PERFORMED TO THE CAUSING IT 198. CONT WAS PERFORMED IT 198 | the disease, deoth.)  ny, giving stating the DNTRIBUTING TO THE DRMED  218. PLACE OF 11 home, forte, focte   | (B) DUE TO  (C)  ATION 20  NJURY (e.g., in or ob   | <sup>A</sup> . AUTOPSY? (Yes or No   | ) 208, IF YES, WER<br>IN CERTIFYING C   |  |
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| NOTHER TO THE DISEAS: 19A.DA 21A.AC OR CON DEATH OF INJU (APPROX 22A. SIG  | ANTECEDEN  ES OR CONDITION  The obave of LYING CONDITION  SIGNIFICANT CONDITION  EDEATH BUT  E OR CONDITION  TO OPERATION  CIDENT WAS UNCITABUTING CAL  (notify medicol exon  (IE (Month) (D  RY  L)  Ortify that (I) (Abi  (we) last saw the  ortify that (I) (SICIAN'S  ME (Type)  CREMATION, 246  CAL AND  CREMATION, 246  CAL (Specify)  CREMATION, 246  CAL (Specify)  CREMATION, 246  CAL (Specify)  CREMATION, 246  CREMATION, 246  CREMATION, 246  CAL (Specify)  CREMATION, 246   | If meons ch coused to CAUSES ONS, if a couse (A) N lost.  DITIONS CONT RELATIONS CONT RELATIONS TO THE CONT WAS PERFORMED TO THE CONTROL OF T | the disease, deoth.)  ny, giving stating the   ONTRIBUTING TO THE  ORMED  218. PLACE OF 11 home, form, focte etc.)  (Hour) 21E, INJURY OC While At Work  attended the deceased above. (I) (Was) (did)  | ATION 20  NJURY (e.g., in or obory, street, office blows of the control of the co | A. AUTOPSY? (Yes or No  BOLL   | 208. IF YES, WER IN CERTIFYING COUR?  URY OCCUR?  19 67 to  | E FINDINGS CONSIDERING AUSES OF DEATH?  ore City, give exact local printing death occurred  23B. DATE SIGNED  9/11/6  City, town, or county) |



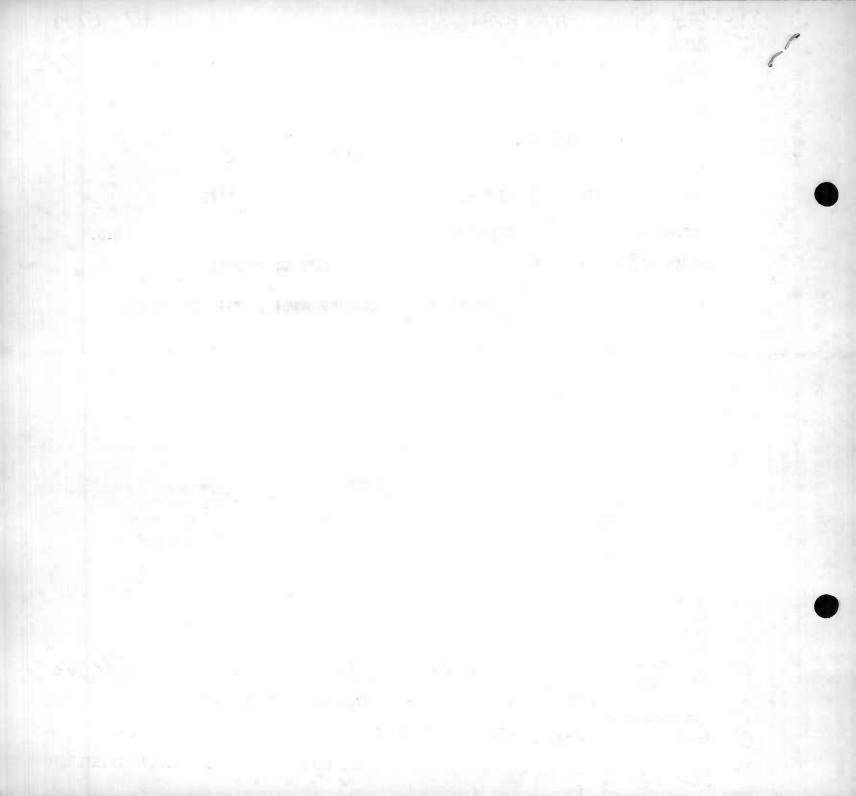
|   | 1. NAME OF DECEASED (Type or Print) LUCY HUTCHINSO   | N                      | 2. DATE AND HOUR PRONOUNCED<br>September 10, 19  |   |
|---|--|------------------------|--|---|
|   | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD   | 4. USUAL RESIL         | DENCE (Where doceosed lived. If institution B. COUNT   | ion: residence before admission)                          |
|   | FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)   |                        | 1timore  | URAL and nive to waship)                                  |
|   | Johns Hopkins Hospital (DOA)   |                        | N. Wolfe St.   | 1   |
| 7 | Female Negro 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)   | 2-8-19                 |  | If Under 1 Yr. If Under 24 Hrs.<br>Months Doys Hours Min. |
|   | IDA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUS done during most of working life, even if retired)  HOUSE WIFE THE STANKE TO THE WORK THE WORK THE STANKE TO THE WORK T | DUPLACE                | (Stote or foreign country)   | 2. CITIZEN OF WHAT COUNTRY?  21.5.19.                     |
|   | 15. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL  | ZINKNO<br>H. INFORMANT | W M  | DDRESS  |
|   | (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.   | Ramlish                | L. Hutchinson 1009   | N. Wolee  |
|   | This does not mean the mode of dying, e.g., heart failure, estheric, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING   | bulbar Pal             | ileptic Seizure  |   |
|   | DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |                        | Y? (Yes or No) 20B. IF YES, WERE FINDS   |   |
|   | ✓       21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIBUTION OF CAUSE OF DEATH.       21B, PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  | office bldg., INJUR    | WHERE DID (II in Boltimore City, give<br>LY OCCUR?   | exoct location)   |
|   | 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE (APPROX.)   | T WHILE WORK           | IOW DID INJURY OCCUR?  |   |
|   | ACTUAL MMO . 6 1   | ide Homic              | nd that on this basis, death in my ide Undetermined manner [ MEDICAL EXAMINER [ MEDICAL EXAMINER [X] |   |
|   | EXAMINER'S Werner U.Spitz, M.D.  | ASSOCIATE              | MEDICAL EXAMINER   | 9/11/67   |
|   | 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETER REMOVAL (Specify)  BUN2 9-14-67 CZPVPM  24A. DATE REC'D BY HEALTH DEPT. 124B. NAME OF REGISTRAR  | 1                      | 23D. LOCATION (City, to  K. Laurei, Ma  RAL DIRECTOR  Value 12431E                                   | wn, or county) (Stote)  STY/2Xd  ADDRESS                  |



IMPORTANT

FUNERAL DIRECTOR:

| 0       |                              | CIT   | 879                   |   | HEALTH DEPARTMENT                |                                    | 67 8794   |
|---------|------------------------------|---|-----------------------|---|----------------------------------|------------------------------------|---|
| BIRTH   | 1 NO.                        | 0/  | 0/1                   | CERTIFICA                               | TE OF DEATH                      | Registered No                      | 01 0134   |
| M.E.    | CASE NO.                     | EASED   |                       |   |                                  | ND HOUR OF DEAT                    | H   |
| Type    | Print                        |   |                       |   |                                  |                                    | a p   |
|         |                              | HARRY SCHEIN  | RYLAND                |   | 14. USUAL RESIDENCE (Wh          | EMBER 13, 19                       | institution: residence before admission                 |
|         |                              |   |                       |   | A. STATE B. COU                  | NTY                                |   |
| FU      | JLL NAME O                   | F (If not in hospital oddress or location                 |                       | give street                             | MARYLAND                         |                                    |   |
|         | STITUTION                    | 0001033 01 10001101                                       |                       |   | C. CITY OR TOWN (If o            | utside city limits, write          | e RURAL and give township                               |
| -       | 0                            | 5105 ELMER A  | AVF.                  |   | BALTIMORE D. STREET ADDRESS (III | facel sine leastion                | 1-1-16  |
|         | ) (                          | JIOJ ELMER I  |                       |   | 5105 ELMER AV                    | f rurol, give location)            |   |
|         |                              |   |                       |   |                                  |                                    |   |
| S S E   |                              | 6. RACE   |                       | D, NEVER MARRIED ED, DIVORCED (specify) | B. DATE OF BIRTH                 | 9. AGE (In years<br>lost birthdoy) | If Under 1 Yr. If Under 24 Hr<br>Months Doys Hours Min. |
| MA      | LE                           | WHITE   | WID                   | OWED                                    |                                  | 83                                 |   |
|         |                              | UPATION (Give kind of work working life, even if retired) | 10B. KIND C           | F BUSINESS OR INDUSTRY                  | 11. BIRTHPLACE (State or for     | reign country)                     | 12. CITIZEN OF<br>WHAT COUNTRY?                         |
|         | REVEREN                      |   | DEI                   | IGION                                   | DOLAND                           |                                    |   |
| _       | ATHERS NAM                   |   | KLL                   | IGION                                   | POLAND 14. MOTHER'S MAIDEN NA    | AME                                | U.S.A   |
|         |                              |   |                       |   |                                  |                                    | dip   |
|         | THAN SC                      |   |                       |   | BLEME DIST                       | ENFELV                             |   |
| 5. W    | os Doceasod<br>no or unknown | Ever in U. S. Armed For                                   | ces?<br>s of service) | 1 6. SOCIAL<br>SECURITY NO.             | 17. INFORMANT                    |                                    | ADDRESS   |
|         |                              |   |                       |   | BERNARD SCHEIN.                  | 715 STUR                           | CTC DIACE   |
| 1       | B. // 17                     | <u></u>   |                       | CAUSE O                                 |                                  | 113 STURE                          | INTERVAL BETWEEN  |
|         | DISTA                        | CT OF COMPINON PI   | NECTI V               |   |                                  | .00                                | ONSET AND DEATH   |
|         | DISEAS                       | SE OR CONDITION DIE                                       | RECTLY                |   |                                  | D. 6 M.                            | 6 0 0   |
|         |                              | LEADING TO DEATH  |                       | (A)                                     | Mocon                            | Kee Un                             | local Chipa   |
|         |                              | not mean the mode of asthenia, etc. It means              |                       |   | itmoseler                        | ales, et                           | DI DOM  |
|         |                              | plication which caused                                    |                       | .,                                      | C/CCO                            |                                    | 200   |
|         |                              | ANTECEDENT CAUSES   |                       | (B)                                     |                                  |                                    |   |
|         | DISEASES                     | AR COMPITIONS V   |                       | DUE TO                                  |                                  |                                    |   |
|         |                              | OR CONDITIONS, if above couse (A)                         |                       |   |                                  |                                    |   |
|         |                              | G CONDITION lost.   |                       | / 61                                    |                                  |                                    |   |
| -       |                              | 11  |                       |   |                                  |                                    |   |
| N       |                              | FICANT CONDITIONS C                                       |                       |   |                                  |                                    |   |
| 2       | TO THE D                     | EATH BUT NOT RELA   | TED TO T              |   |                                  |                                    |   |
| 2       |                              | OPERATION 198. CON  | DITION FOR            | WHICH OPERATION                         | 20A. AUTOPSY? (Yes or N          | Vol 208. IF YES. WER               | E FINDINGS CONSIDERED                                   |
| ERTIFIC |                              | WAS PER   |                       |   | 2112                             | IN CERTIFYING C                    | AUSES OF DEATH?   |
| 0 2     | 21A, ACCIDE                  | NT WAS UNDERLYING   | 21                    | B. PLACE OF INJURY (e.n. in             | n or obout 21 C. WHERE DID       | (If in Boltim                      | ore City, give exact location)                          |
| _ (     | OR CONTRIBL                  | JTING CAUSE OF  | ho                    | me, lorm, foctory, street, of           | ffice bldg., INJURY OCCUR?       | an in vonim                        | erly, give exect toconom                                |
| U       | DEATH (notify                | medical examined  | et                    | C.I                                     |                                  |                                    |   |
| 144 /   | 21 D. TIME                   | (Month) (Doy) (Yearl                                      | (Hourl 21             | E. INJURY OCCURRED                      | 21F. HOW DID IN                  | IJURY OCCUR?                       |   |
| 5 1     | OF INJURY                    |   |                       | hile At Not Whil                        | e                                |                                    |   |
| L       | ,                            |   | W                     | ork At Work                             |                                  |                                    | 1 4   |
| 2       | 22. I certify                | that (I) (this hospital                                   | ) ottended            | the deceased from                       | -1102-                           | 19 5 8 to A                        | ept 13 1969   |
|         | hot (1) (we)                 | lost saw the decease                                      | d alive on            | . Lexo 11                               | 19 6 > ond t                     | hot in (my) (our) o                | pinion death occurred on the de                         |
|         |                              |   |                       |   |                                  |                                    | F The desired on the de                                 |
|         |                              |   | red above.            | (I) (We) (did pet) v                    | riew the body ofter deoth.       | •                                  |   |
| 12      | 3A. SIGNATU                  | TRE COLL  | 00                    |   |                                  |                                    | 23B, DATE SIGNED  |
|         | X                            | eco XX  | 2/100                 | M.D. Atte                               | ending Med.                      | Stoff Phys.                        | 9/13/63   |
| 2       | 3C. PHYSICIA                 | N'S   |                       |   | 23D. ADDRESS                     | ,                                  | 110/  |
|         | NAME (T                      |   |                       |   |                                  |                                    |   |
|         |                              | LESTER K  | OLMAN                 | M.D.                                    | 3700 PARK HEIG                   | HTS AVENUE                         |   |
| 24A.    | **XXXXX                      | MANACK 248. DATE  | 24C.1                 | NAME OF CEMETERY OF CRI                 | EMATORY 24D.                     | LOCATION                           | (City, town, or county) (Stote)                         |
| PE      | MOVAL                        |   | CHE                   | EVRA KADISHA RI                         | SHIN L'TZION                     | <b>JERUSALEM</b>                   | ISRAEL  |
|         |                              | 9/14/6  | 7                     | OF REGISTRAR                            |                                  |                                    | ADDRESS   |
| LJM.    | DAIL REC D                   | VI HEALIN DEFI.   | AJO. HAINE            | A SH M                                  | SOL LEVINSON                     | & BROS. INC                        | .6010 REISTERSTOWN                                      |
|         | - 0                          | FP 1 4 1967 /   | 1006                  | Star Butter                             | JUL LETTINSON                    | DIOS. INC                          | - COTO REZUIETO   |
| /S 1.   | 50-REV. 1/1/                 | 65  | W Lot                 |   | 0 7                              | •                                  |   |



BIRTH NO.

M.E. CASE NO I, NAME OF DECEASED

VS 150-REV, 1/1.

BALTIMORE CITY HEALTH DEPARTMEN'

CERTIFICATE OF DEATH

Registered No.

If Under 24 Hrs. Hours Min.

Hours

INTERVAL BETWEEN ONSET AND DEATH

or county)

ADDRESS

WHAT COUNTRY?

2. DATE AND HOUR OF DEATH

dulmonory Edema Her. T Gardine September Antoniseles in Contraction to Contraction

| BIRT    | 67 8   | 796 BALTIMORE CITY  |   | No. 67 879   |
|---------|--|---|---|--|
|         | H NO.  | CERTIFICA   | TE OF DEATH Registered  | No. 07 0730  |
|         | AME OF DECEASED , Barba  | ra L. Layfield  | 2. DATE AND HOUR OF DE  | ATH  |
| (Тур    | or Print) LayFie   | ed Barker   | ra L 9.13.67  | 4,10   |
| . P     | LACE OF DEATH IN BALTIMORE, MARYLA   |   | 4. USUAL RESIDENCE (Where deceased lived.   |  |
| -       | ULL NAME OF (If not in hospital or ins   | stitution, give street  | Maryland  | 26-0   |
| -       | OSPITAL OR oddress or location)  | <b>3</b>  | C. CITY OR TOWN (If outside city limits, w  | rite RURAL and give township)  |
| 0       | 0 1 0 11   | util  | Baltimore   |  |
| 1       | rasyland general #   | ospud   | D. STREET ADDRESS (If rural, give location 4524 parfside 1  |  |
| 5. S    |  | AARRIED, NEVER MARRIED  |   |  |
|         | Emale whight   | VIDOWED, PIVORCED (specify)                                     | 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 71   | Months Doys Hours  |
|         | USUAL OCCUPATION (Give kind of work 108,   | WI dow KIND OF BUSINESS OR INDUSTRY                             |   | 12. CITIZEN OF   |
|         | during most of working life, even if retired)  | ousewife  | Md Baltimore  | WHAT COUNTRY?  |
| 3       | NON-E H  | OGSONTIO  | 14. MOTHER'S MAIDEN NAME  |  |
|         |  | )ec   |   | otan on  |
|         | - 00/  |   | Catherine Hami  | ADDRESS  |
| (Yes    | Nas Deceased Ever in U. S. Armed Forces?   | service) SECURITY NO.   | Mrs Jean Schmidt  | 524 Rarkside Dr  |
|         | NO   | 217-52-5778   |   |  |
|         | 18.332XI   | CAUSE O   |   | ONSET AND D  |
|         | DISEASE OR CONDITION DIRECT LEADING TO DEATH   | Cera  | elvo vascular Thromi  | bosis  |
|         | (This does not mean the made of dying  | ig, e.g., DUE TO  |   |  |
|         | hearf failure, asthenia, etc. It means the injury ar camplication which caused dea   | disease,<br>th.)  | eneral priherioscle   | mci's  |
|         | ANTECEDENT CAUSES  | (B) DUE TO  | 711114103646  |  |
|         | DISEASES OR CONDITIONS, if any,  | giving  |   |  |
|         | rise for the above cause (A) state UNDERLYING CONDITION last.  | ing fhe (C)   |   | ***************************************  |
|         | ll ll  |   |   |  |
| 0       | OTHER SIGNIFICANT CONDITIONS CONT<br>TO THE DEATH BUT NOT RELATED  |   |   |  |
| CATIO   | DISEASE OR CONDITION CAUSING IT.   |   | 120 A ALIMANANA (W. ALIVI AND INC.  | TOTAL STATE OF THE |
| ERTIFIC | 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM  |   |   | CAUSES OF DEATH?   |
| CER     | 21A. ACCIDENT WAS UNDERLYING   | 218. PLACE OF INJURY (e.g., in                                  | NO or about 21C. WHERE DID (If in Bol   | timore City, give exact location   |
| AL      | OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)   | home, lorm, factory, street, of                                 | fice bldg., INJURY OCCUR?   |  |
| U       | 21D. TIME (Month) (Doy) (Year) (He   | our) 21E. INJURY OCCURRED                                       | 21F. HOW DID INJURY OCCUR?  |  |
|         | OF INJURY<br>(APPROX.)   | While AI Not While  |   |  |
| 8       | - /-   | Work At Work  |   |  |
|         | ZZE Licertity thatk(I) (this hospital) of  | ended the deceased fram   | 8,28,67 19 10 9   | 113167   |
|         | 1.0  |   | 10  |  |
|         | that (1)(we) last saw the deceased al  | ive an 911167   | 19 ond that In (my) (our)   | opinian death occurred a   |
|         | that (1)(we) last saw the deceased al<br>and hour and fram the causes stated o   | ive an 911167   | 19 ond that In (my) (our)   |  |
|         | that (1)(we) last saw the deceased al  | bave. (1) (We) (dld) (dld not) v                                | lew the bady after death.   | 23 B. DATE SIGNED  |
|         | that (1) (we) last saw the deceased all and haur and from the causes stated of 23A. SIGNATURE  OFFICE OFFIC | ive an 9 6 7 bave. (1) (We) (dld) (dld not) v                   | nding Med. Stoff.   |  |
|         | that (1)(we) last saw the deceased al<br>and hour and fram the causes stated o   | ive an 9 6 7 bave. (1) (We) (dld) (dld not) v                   | nding Med. Stoff Phys. 33D. ADDRESS   | 23B, DATE SIGNED 9/13/67   |
|         | that (1) (we) last sow the deceased all and haur and from the causes stated of 23A. SIGNATURE Offices The 23C. PHYSICIAN'S   | bave. (1) (We) did (did not) v                                  | nding Med. Stoff Phys. A. C. H. 827 Lin a. MATORY 24D. LOCATION   | 238, DATE SIGNED 9/13/67 Len Ave Bae (City, town, or county)   |
| 24A     | that (1)(we) last saw the deceased all and haur and fram the causes stated of 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  - BURIAL CREMATION, REMOVAL (Specify)  24B. DATE  9-16-1967  | Makoul M.D.  Alter Phy  ALC. NAME of CEMETERY OF CRE  Baltimore | nding Med. Stoff Phys. A. 27 Lin a  MATORY  Med. Stoff Phys. A. 27 Lin a  MATORY  MATORY  MATORY  Mathematical Director Stoff Phys. A. 27 Lin a  Mathematical Director Delta Stoff Phys. A. 27 Lin a  Mathematical Director Delta Stoff Phys. A. 27 Lin a  Mathematical Director Delta Stoff Phys. A. 27 Lin a  Mathematical Director Delta Stoff Phys. A. 27 Lin a  Mathematical Director Delta Stoff Phys. A. 27 Lin a  Mathematical Director Delta Stoff Phys. A. 27 Lin a  Mathematical Director Delta Stoff Phys. A. 27 Lin a  Mathematical Director Delta Stoff Phys. A. 27 Lin a  Mathematical Director Delta Stoff Phys. A. 27 Lin a  Mathematical Director Delta Stoff Phys. A. 27 Lin a  Mathematical Director Delta Stoff Phys. A. 27 Lin a  Mathematical Director Delta Stoff Phys. | 238. DATE SIGNED  9/13/67  1 en Ave Bae  (City, town, or county)  Maryland   |
| 244     | that (1) (we) last saw the deceased all and hour and fram the causes stated of 23A. SIGNATURE  23C. PHYSICIAN'S  NAME (Type)  BURIAL CREMATION, REMOVAL (Specify)  24B. DATE  9-16-1967  | Makoul M.D.  24C. NAME OF CEMETERY OF CRE                       | nding Med. Stoff Phys. A. C. H. 827 Lin a. MATORY 24D. LOCATION   | 238. DATE SIGNED  9/13/67  1 en Ave Bae  (City, town, or county)  Maryland  ADDRESS  |

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT

Sirbital Landens

ATT PROPERTY.

No. John Col. 1, 1921, Springer on the

THE CHIEF TO DEL . NOT TO THE TOTAL OF COLUMN

United Total

1

Part offices Telegram Sales Annual Contraction | Million | Straits

REMOVAL (Specify)

BURIAL

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.

8

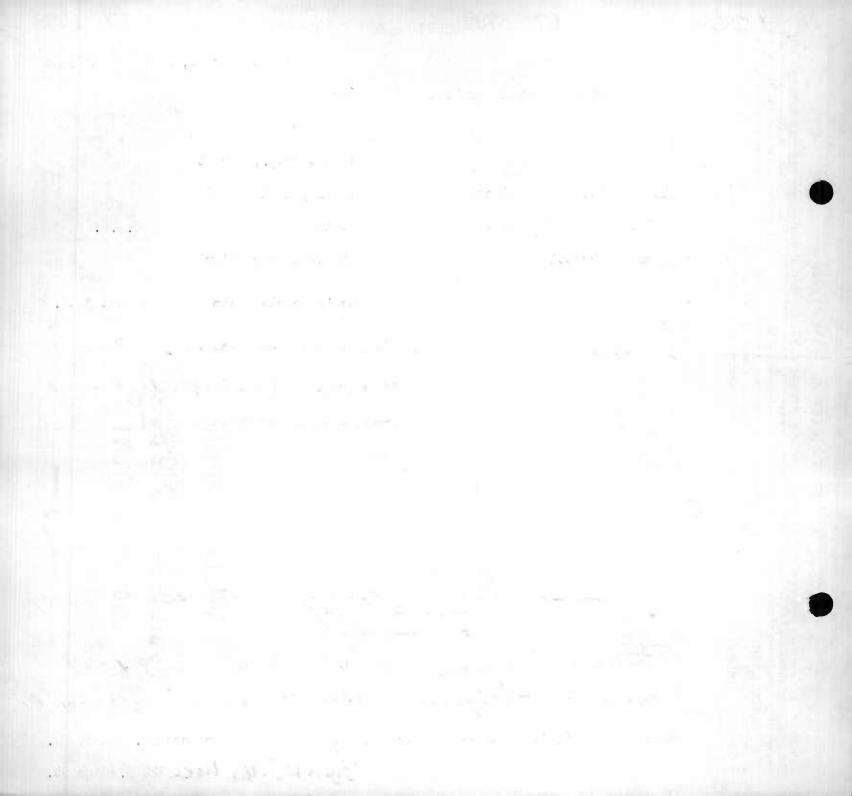
24B, NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

ADDRESS

Corige Williams Acry Williams com in Se and inches BOOK 9-19-51 BALLO NATE BALLO A

VS 150-REV. 1/1/65



| BRTH NO. 67 880  |                            | HEALTH DEPARTMENT          |                           | 67                                      | 8800           |
|--|----------------------------|----------------------------|---------------------------|---|----------------|
|  | CERTIFICA                  | TE OF DEATH                | Registered No.            | 0/_                                     | 0000           |
| A.E. CASE NO.<br>NAME OF DECEASED  |                            | 2. DATE A                  | ND HOUR OF DEATH          |   |                |
| Type or Print) MRS Lucy L  | 33.                        | 14                         | Sept 1967                 | 1 4:                                    | 45             |
| PLACE OF DEATH IN BALTIMORE, MARYLAND  | CAIDED                     | 4. USUAL RESIDENCE (Wh.    | ere deceased lived. If in | stitution: residenc                     | e before admis |
| HOSPITAL OR oddress or locotion)   | WINFD                      | .Mg.                       |                           |   |                |
| INSTITUTION  | 9-22-67                    | C. CITY OR TOWN (If o      |                           | RURAL and give                          | township)      |
| 5 Church Home & Hospita  | 4/                         | BALTIMOR                   |                           | 18-0                                    | 03             |
| 3 Church Homes 4 100 4111  |                            | D. STREET ADDRESS (III     | rurol, give location)     | 738 S. C                                | arrollt        |
|  | NEVER MARRIED              | 8. DATE OF BIRTH           | 9. AGE (In years          | If Under 1 Yr.                          | . If Under 24  |
| F ORIENTAL MIDOWED   | DIVORCED (specify)         | 7-9-89 90                  | lost birthdoyl            | Months Doys                             | Hours M        |
| 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF  | BUSINESS OR INDUSTRY       |                            | eign country)             | 12. CITIZEN OF                          | F              |
| dene during mest of working life, even if retired)   | eestdad to here            | to ChiNA                   |                           | USA                                     |                |
| 13. FATHER'S NAME  | uniang agrusas             | 14. MOTHER'S MAIDEN NA     | ME                        | 4311                                    |                |
| Everte 17 Shocke Louis   | Hok Zie                    | TOY SEE                    |                           |   |                |
| 15. Was Deceased Ever in U. S. Armed Forces?   | 1 6. SOCIAL                | 17. INFORMANT; SOA         |                           | ADDR                                    | ESS            |
| (Yes, no or unknown) (If yes, give wor or dotes of service)  | SECURITY NO.               |                            |                           | O ME400                                 | 4              |
| 18. / 5 / /  | 2/2-46-7957<br>CAUSE O     | THOMAS LEE                 |                           |   | AL BETWEEN     |
| DISEASE OR CONDITION DIRECTLY  | CAUSE O                    | DEATH                      |                           |   | AND DEATH      |
| LEADING TO DEATH   | IN CIA                     | STRIC CARCINO              | WA                        |   |                |
| (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,               | DUE TO                     |                            |                           | *****************                       |                |
| injury or complication which coused death.)  | ,100                       | went: n:                   | n lund                    |   |                |
| ANTECEDENT CAUSES  | DUE TO (                   | ustatic Diseau             | - ULLE                    | *************************************** |                |
| DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) slating the                                 | (C) AN                     | Sou i la                   |                           |   |                |
| UNDERLYING CONDITION last.   | (0) ///(0)                 |                            | **                        |   |                |
| - 11   |                            |                            |                           |   |                |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                            |                            |                           |   |                |
| DISEASE OR CONDITION CAUSING IT.   | HICH OPERATION             | 20A. AUTOPSY? (Yes or N    | o) 208. IF YES WERE       | FINDINGS CONS                           | IDERED         |
| 198. CONDITION FOR WAS PERFORMED   |                            | 20 A. AUTOPSY? (Yes or N   | IN CERTIFYING CA          | USES OF DEATH                           | ?              |
| U 21A. ACCIDENT WAS UNDERLYING 218.  | PLACE OF INJURY (e.g., in  | n or obout 21 C. WHERE DID | (If in Baltimor           | e City, give exact                      | locotion)      |
| DEATH (notify medical examiner)  | e term, rectory, street, o | mee orage into a Kr occok: |                           |   |                |
| Q 21 D. TIME (Month) (Dov) (Year) (Hour) 21E   | INJURY OCCURRED            | 21F. HOW DID IN            | JURY OCCUR?               |   |                |
| OF INJURY (APPROX.) While  | e At Not While             | е                          |                           |   |                |
| 22. I certify that (I) (this hospital) attended the  |                            | September 6                | 19 67 to St               | stember                                 | 14 10 6        |
| that (I) (we) lost sow the deceased alive on   |                            | 14 19 67 and th            | not in (my) (our) oni     | nion death acc                          | urred on the   |
| ond hour ond from the couses stated above. (1)   | ·                          |                            |                           | 511 555111 566                          | on the         |
| 23A. SIGNATURE   | ( -/ (===/ (=== 101) +     | The body offer dooring     |                           | 23 B. DATE SIGN                         | IED            |
| Corazon Z. Vergara   | M.D. Atte                  | ending Med. Director       | Stoff<br>Phys.            | Septem                                  | der 14         |
| 23C. PHYSICIAM'S<br>NAME (Type)  |                            | 23D. ADDRESS               |                           |   |                |
| CORAZON Z. VERGAR  | M.D.                       | CHURCH HOM                 |                           |   | 4.00.00        |
| 4A. BURIAL CREMATION, 24B. DATE  | ME of CEMETERY or CRI      |                            | OCATION (A                | BACTII                                  |                |
| REMOVAL (Specific Cololly)   | Ponella                    | 14.                        | 1// 1//                   | 11011                                   | ins            |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O  | F REGISTRAR                | 25C. FUNERAL DIRECTO       | abusa                     | MM                                      | DRE95          |
|  |                            |                            |                           |   | -              |
| SEP 1.4 (987 (1) 22.17 8   | Conferma                   | Clarify of ot              | Marker P.                 | -100101                                 | More           |

M.H.

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 8801

|                 | CASE NO.   |   |  |   |  |  |  |  |   |
|-----------------|--|---|--|---|--|--|--|--|---|
| 1. N<br>(Typ    | AME OF DEC   | J.  |  |   |  |  | HOUR PRONOUNC  |  |   |
|                 | -  | EDWARD Z  | ZAMARA   |   |  | Sept   | ember 13,  | 1967                                       | 7:05 a M.                                     |
| 3. PL           | ACE IN BALT  | IMORE MARYLAND, W   | HERE PRONOU  | INCED DEAD  | A. STATE   | DENCE (Where de  | ceosed lived. If ins   | titution: resid<br>UNTY                    | ence before odmission)                        |
| UL              | NAME OF  | (IF NOT IN HOSPITA  | AL OR INSTITU  | TION, GIVE STREET   | Man  | cyland   | corporate limits, writ   | BURAL                                      | 4 3103 4 313                                  |
| SOI             | PITAL OR   | ADDRESS OR LOCA   | ATION)   |   | C. CITT OR TO  | WN (II outside   | corporole limits, will   | e KUKAL ON                                 | a give township                               |
| 0               | And the second   |   |  |   | I  | Baltimore  |  | 26   | -00   |
| 1               | St. Agi  | nes Hospital  | D.OA.  |   | D. STREET ADE  | DRESS (If rurol, g   | ive location)  |  |   |
| 4               | 50. 116  | neo noopreur  | 2.011.   |   |  | 17 Asbury  |  |  |   |
| . SE            | X  | 6. RACE   |  | NEVER MARRIED<br>DIVORCED (specify)   | B. DATE OF BIR   | TH   | 9. AGE (In years lost birthdoy)  | If Under<br>Months                         | 1 Yr. if Under 24 Hrs.<br>Doys   Hours   Min. |
| M               | ale  | White   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | or or or opposity,  | July :   | 15.1921  | 46   |  |   |
|                 |  | JPATION (Give kind of world   | k TOB. KIND OF   | BUSINESS OR INDUSTR   | Y 11. BIRTHPLACE   |  | country)   | 12. CITIZE                                 | N OF<br>T COUNTRY?                            |
|                 |  | working life, even if retired)  | DAT  |   | DATI   | THOOR  | TAD TOTAL  | U.   |   |
| 3. F            | ATHER'S NAN  | CORPORATIO  | NV.  |   | 14. MOTHER'S A   | ALDEN NAME   | ARYLAND  |  | O.  |
|                 | Torn   | T 77 1 1 5 4 1 1 4  |  |   | D 00   | TO TENT OF   | ***  |  |   |
| 5. V            | AS DECEASE   | D EVER IN U.S. ARMED  | FORCES?  | 16. SO CIAL   | 17. INFORMANT  | E KOLTI  | TV.  | ADDRESS                                    |   |
| es,             | no or unknown  | (If yes, give wor or date   | es of service)   | SECURITY NO.  |  |  |  |  |   |
| 7               | TES  | WWll  |  |   | ROSE   | ZAMARA   | 4617 ASP   | RIRY A                                     |   |
| 7               | 8. 44  | 2.1.  |  | CAUS  | E OF DEATH   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH              |
|                 | DISEAS   | SE OR CONDITION DI  | RECTLY   |   |  |  |  |  |   |
|                 |  | LEADING TO DEATH  | 4  | (A)   | Arteriosc  | lerotic  | Cardiovasc   | ular                                       |   |
|                 | he ort foilure,  | not mean the mode of<br>, asthenia, etc. It means   | s the disease,   | DUE TO  |  | Disea  | 50   |  |   |
|                 | injury or cor  | mplication which coused   | deoth.)  |   |  | Disea  | 56   |  |   |
|                 | Δ.   | ANTECEDENT CAUSE  | ·s   |   |  |  |  |  |   |
| -               |  | Wiledsbarr. Grieds  |  |   |  |  |  |  |   |
|                 | DISEASES   | OR CONDITIONS, IF A   | ANY. GIVING  | (B)   |  |  |  |  | *** 4088888                                   |
|                 | RISE TO TH   | OR CONDITIONS, IF A E ABOVE CAUSE (A) S'  | TATING THE   | DUE TO  | *** ° ** ° ** ° ** ° ** ° ** ° ** ° **   |  | *******************************  |  | *** ***********************************       |
| z               | RISE TO TH   | OR CONDITIONS, IF A E ABOVE CAUSE (A) S'  | TATING THE   | (C)   |  |  |  |  |   |
| NOI-            | RISE TO TH   | E ABOVE CAUSE (A) S'  | TATING THE   | (C)   |  |  |  |  |   |
| CATION          | RISE TO TH<br>UNDERLYIN  | E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS   | CONTRIBUTION   | (C)   |  |  |  |  |   |
| IFICATION       | OTHER SIGN   | E ABOVE CAUSE (A) S'NG CONDITION LAST.  | CONTRIBUTION   | (C)   |  |  |  |  |   |
| ERTIFICATION    | OTHER SIGN<br>TO THE<br>DISEASE O  | E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING  | CONTRIBUTION FOR VIOLENTIAN OF THE   | (C)   | 20A, AUTOPS  |  | OB. IF YES, WERE F   |  |   |
| 1/2             | OTHER SIGN TO THE DISEASE O  | E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 19B, CON WAS PER   | CONTRIBUTION LATED TO THE G IT. NOTITION FOR VI  | (C)   |  | 1  | N CERTIFYING CAL   | JSES OF DE                                 | ATH?  |
| Y.              | OTHER SIGN TO THE DISEASE O  | E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 198, CON WAS PER   | CONTRIBUTING THE  CONTRIBUTION ELATED TO TO G IT.  NOTION FOR VIFORMED   | (C) NG HE WHICH OPERATION PLACE OF INJURY (c.p.   | in or obout 21C.   | WHERE DID (II  | N CERTIFYING CAL   | JSES OF DE                                 | ATH?  |
| Y :             | OTHER SIGNOTHE DISEASE OF THE DISEAS | E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING F OPERATION 19R CON WAS PER IL CAUSE WAS   | CONTRIBUTING THE  CONTRIBUTION ELATED TO TO G IT.  NOTION FOR VIFORMED   | (C)   | in or obout 21C.   | WHERE DID (II  | N CERTIFYING CAL   | JSES OF DE                                 | ATH?  |
| MEDICAL         | OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF THE  | E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING FOPERATION 198, CON WAS PER L CAUSE WAS OR CONTRIB- ISE OF DEATH.  | CONTRIBUTING THE  CONTRIBUTION LATED TO TI G IT.  NOTITION FOR V FORMED  218. I home, etc.,  | (C)NG HE WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street,  | in or obout 21C.<br>office bldg., INJUI  | WHERE DID (III   | in Boltimore City, g   | JSES OF DE                                 | ATH?  |
| MEDICAL         | OTHER SIGNOTHE DISEASE OF THE DISEAS | E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING F OPERATION 19R CON WAS PER IL CAUSE WAS   | CONTRIBUTION FOR VARIOUS (Hour) (Hour) 2   | (C)  NG HE  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street,  | in or obout 21C. office bldg., INJUI   | WHERE DID (II  | in Boltimore City, g   | JSES OF DE                                 | ATH?  |
| MEDICAL         | OTHER SIGNED THE DISEASE OF THE DISE | E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING FOPERATION 198, CON WAS PER L CAUSE WAS OR CONTRIB- ISE OF DEATH.  | CONTRIBUTION LATED TO TI G IT.  PARTITION FOR VI AFORMED  218. (home, etc.)  | (C)  NG HE  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, form)  TE. INJURY OCCURRED  WHILE AT   NOT   | in or obout 21C. office bldg., INJUI   | WHERE DID (III   | in Boltimore City, g   | JSES OF DE                                 | ATH?  |
| MEDICAL         | OTHER SIGITO THE DISEASE OF THE DISE | E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING FOPERATION 19B, CON WAS PER IL CAUSE WAS OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeo  | CONTRIBUTION FOR VARIOUS (Hour) 218. (Hour) 2 W. M.  | (C)  NG HE  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, form, foctory, form,  | in or obout 21C, office bldg., INJUI   | WHERE DID (III   | in Boltimore City, (   | JSES OF DE                                 | ATH?  |
| MEDICAL         | OTHER SIGITO THE DISEASE OF THE DISE | E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING FOPERATION 198, CON WAS PER L CAUSE WAS OR CONTRIB- ISE OF DEATH.  | CONTRIBUTION FOR VARIOUS (Hour) 218. (Hour) 2 W. M.  | (C)  NG HE  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, form)  TE. INJURY OCCURRED  WHILE AT   NOT   | in or obout 21C, office bldg., INJUI   | WHERE DID (III   | in Boltimore City, g   | JSES OF DE                                 | ATH?  |
| MEDICAL         | OTHER SIGITO THE DISEASE OF THE DISE | E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING FOPERATION 19B, CON WAS PER IL CAUSE WAS OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeo  | CONTRIBUTION FOR VARIOUS (Hour) 218. (home, etc.)  | (C)  NG HE  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, form, foctory, form,  | in or obout 21C. office bldg. INJUI 21F. F WHILE VORK  Itopsy  O Homio   | WHERE DID (III RY OCCUR?   | in Boltimore City, g   | JSES OF DE.                                | ATH?  |
| MEDICAL         | OTHER SIGITO THE DISEASE OF THE DISE | E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 19B. CON WAS PER IL CAUSE WAS OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeo   | CONTRIBUTION FOR VARIOUS (Hour) 218. (home, etc.)  | (C)  NG HE  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, form)  IE INJURY OCCURRED  WHILE AT NOT A | in or obout 21C. office bldg. INJUI 21F. F WHILE VORK  Itopsy  O Homio   | WHERE DID (III RY OCCUR?   | in Boltimore City, g   | JSES OF DE.                                | ATH?  |
| MEDICAL         | OTHER SIGITO THE DISEASE OF THE DISE | E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 19B, CON WAS PER IL CAUSE WAS OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeo   | CONTRIBUTION FOR VICEOR (Hour)    218.   | WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, form, foctory, street, form)  IE. INJURY OCCURRED NOT  | in or obout 21 C. office bldg. INJUI 21 F. F WHILE VORK Itapsy Or CHIEF  | WHERE DID (III RY OCCUR?  HOW DID INJUIT  and that on this cide U  | in Boltimere City, garage Court, garage City, garage Court, garage Court | JSES OF DE.                                | ATH?  |
| MEDICAL         | OTHER SIGITO THE DISEASE OF THE DISE | E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING FOPERATION 19B, CON WAS PER IL CAUSE WAS OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeo  | CONTRIBUTION FOR VARIOUS (Hour) 218. (home, etc.)  | WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, form, foctory, street, form)  IE. INJURY OCCURRED NOT  | while of the state | WHERE DID (III RY OCCUR?  HOW DID INJUR  Ind that on this cide Unit MEDICAL EXAMEDICAL E | in Boltimore City, government of the control of the | JSES OF DE.                                | ATH?  |
| MEDICAL         | OTHER SIGN TO THE OTHER SIGN TEXAMIN   | E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING FOREATION 198. CON WAS PER L CAUSE WAS OR CONTRB- ISE OF DEATH.  (Month) (Doy) (Yeo  | CONTRIBUTION LATED TO TI G IT.  218. (home, etc.)  or) (Hour) 2  m. W  | VHILE AT NOT NOT NOT Succident Suici  | while of the state | WHERE DID (III RY OCCUR?  HOW DID INJUIT  and that on this cide U  | in Boltimore City, government of the control of the | my opinion                                 | DATE SIGNED                                   |
| MEDICAL         | OTHER SIGITO THE DISEASE OF LINDERLYING CAU  21 A. EXTERNA UNDERLYING CAU  21 D. TIME OF INJURY (APPROX.)  22.   Certification of the cause of the c | E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING FOREATION 198. CON WAS PER L CAUSE WAS OR CONTRIB- ISE OF DEATH.  (Month) (Doy) (Yeo  tify that I held an I ted from: Natural co   | CONTRIBUTING THE  CONTRIBUTION LATED TO TI G IT.  218. I home, etc.)  or) (Hour) 2  Manual Contribution of the contribution of | WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, form, foctory, street, form, foctory)  IE INJURY OCCURRED  WHILE AT NOT AT Succident Suici   | while of the state | WHERE DID (III RY OCCUR?  HOW DID INJUR  Ind that on this cide Uni MEDICAL EXA MEDICAL EXA MEDICAL EXA   | in Boltimore City, garage of the state of th | my opinion                                 | DATE SIGNED                                   |
| MEDICAL         | OTHER SIGN TO THE OTHER SIGN TEXAMIN   | E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING FOPERATION 198. CON WAS PER L CAUSE WAS OR CONTRIB- ISE OF DEATH.  (Month) (Doy) (Yeo  tify that I held an I ted from: Natural ca  L URE JER'S Type) RUS MATION, 238. DATE                     | CONTRIBUTING THE  CONTRIBUTION LATED TO TI G IT.  218. I home, etc.)  or) (Hour) 2  Manual Contribution of the contribution of | VHILE AT NOT NOT NOT Succident Suici  | while of the state | WHERE DID (III RY OCCUR?  HOW DID INJUIT  And that on this cide Uni MEDICAL EXA MEDICAL EXA MEDICAL EXA MEDICAL EXA  | in Boltimere City, government of the control of the | my opinion  Septer                         | DATE SIGNED  mber 13, 196  (Stote)            |
| MEDICAL         | OTHER SIGNATE OF INJURY (APPROX.)  22. I cert result ACTUAL SIGNAT EXAMIN NAME (C. BURIAL CRE NOVAL (Specific BUR I A CTUAL SIGNAT EXAMIN NAME (C. BURIAL CRE NOVAL (Specific BUR I A CTUAL SIGNAT EXAMIN NAME (C. BURIAL CRE NOVAL (Specific BUR I A CTUAL SIGNAT EXAMIN NAME (C. BURIAL CRE NOVAL (Specific BUR I A CTUAL SPECIFIC BUR I A CTUAL SIGNAT EXAMIN NAME (C. BURIAL CRE NOVAL (Specific BUR I A CTUAL SPECIFIC B | E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING FOPERATION 198, CON WAS PER L CAUSE WAS OR CONTRIB- ISE OF DEATH.  (Month) (Doy) (Yeo  tify that I held an I ted from: Natural ca  L URE JER'S Type) Rus MATION, 238, DATE y)  1 9/16          | CONTRIBUTING THE  CONTRIBUTION  LATED TO TI  GIT.  PARTITION FOR VI  REFORMED  218.    home, etc.)  which is a second of the contribution of the c | WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, form, foctory)  IE INJURY OCCURRED NOT   | in or obout 21 C. office bldg. INJUI   | WHERE DID (III RY OCCUR?   | IN CERTIFYING CALL IN Boltimore City, gaster | my opinion ner  Septer y, town, or or      | DATE SIGNED  mber 13, 196  county) (Stote)    |
| MEDICAL CE      | OTHER SIGNOT THE DISEASE OF THE DISE | E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING FOPERATION 198, CON WAS PER L CAUSE WAS OR CONTRIB- ISE OF DEATH.  (Month) (Doy) (Yeo  tify that I held an I ted from: Natural ca  L URE JER'S Type) Rus MATION, 238, DATE y)  BY HEALTH DEPT. | CONTRIBUTING THE  CONTRIBUTION  LATED TO TI  G IT.  PARTITION FOR V  REFORMED  218.    home, etc.)  which is a second of the contribution of the c | WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street,  IE INJURY OCCURRED  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO   | in or obout 21 C. office bldg. INJUI   | WHERE DID (III RY OCCUR?   | IN CERTIFYING CALL IN Boltimore City, gaster | my opinion ner  Septer y, town, or or      | DATE SIGNED  mber 13, 196  county) (Stote)    |
| WEDICAL MEDICAL | OTHER SIGNOT THE DISEASE OF THE DISE | E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING FOPERATION 198, CON WAS PER L CAUSE WAS OR CONTRIB- ISE OF DEATH.  (Month) (Doy) (Yeo  tify that I held an I ted from: Natural ca  L URE JER'S Type) Rus MATION, 238, DATE y)  BY HEALTH DEPT. | CONTRIBUTING THE  CONTRIBUTION  LATED TO TI  G IT.  PARTITION FOR V  REFORMED  218.    home, etc.)  which is a second of the contribution of the c | WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, form, foctory)  IE INJURY OCCURRED NOT   | in or obout 21 C. office bldg. INJUI   | WHERE DID (III RY OCCUR?  HOW DID INJUST  THE  | in Boltimere City, government of the control of the | my opinion ner  Septer y, town, or of URD. | DUN DATK                                      |

IMPORTANT DIRECTOR: FUNERAL

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BALTIMORE CITY HEALTH DEPARTMENT USUAL RESIDENCE (Where deceased lived, If institution, residence, STATE

B. COUNTY (If outside city limits, write RURAL and give township If Under 1 Yr. Months: Ooys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT, COUNTRY? AODRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF CEATH? (If in Boltimore City, give exact location) and that in (my) (aur) opinion death accurred on the

FARRITURE

FORTAL GATTES PRODUCT SHARE MORES PRODUCTIONS

| Н           | 0/ 0013  | TE OF DEATH Registered No. 67 8803   |
|-------------|--|--|
|             | E CASE NO.   | ATE OF DEATH Registered Na. 07 0000  |
| 1. P<br>(Ty | NAME OF DECEASED   | Suarez)  2. DATE AND HOUR OF DEATH  Suarez)  9-13-67  A. USUAL RESIDENCE   Where deceased lived. If institution: residence before admission) |
|             | PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street oddiess or location)   | Md. City of Baltimore  |
|             | THE UNIVERSITY OF  | C. CITY OR TOWN III outside city limits, write RURAL and give township.  |
| 0           | MARYLAND HOSPITAL  | D. STREET ADDRESS (If rurol, give location) 1327 Hollins St.   |
|             | 6. RACE  CAUCASION  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Never Married  | 8. DATE OF BIRTH  6-2/-/2  9. AGE (In years lift Under 1 Yr. II Under 24 His. Months Doys Min.   |
|             | A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY Laborer  Laborer  Brush Fiber  | Puerto Rico  12. CITIZEN OF WHAT COUNTRY?  |
| 13.         | Julian Suarez  | 14. MOTHER'S MAIDEN NAME  Carmen Bariva  |
| 15.<br>(Ye  | Was Deceosed Ever in U. S. Armed Forces? Is, no or unknown) (II yes, give wor or dotes of service)  No. 16. SOCIAL SECURITY NO. 581-07-8227  | Mrs. Carmin Diaz, 3012 W. Rogers Ave.  |
|             | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g.,  DUE TO   | OF DEATH  INTERVAL BETWEEN ONSET AND DEATH  SIGN 20 to Periton, 415  |
|             | hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the   | AFERTIED GASTIL Ulcer  |
| ATION       | UNDERLYING CONDITION Iasi.   |  |
| CERTIFIC    | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED PERPER TERM UL CER   | 20 A. AUTOPSY? IYes or Nol 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?   |
| CAL         | OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notity medical examiner)   | in or about 21 C. WHERE DID (II in Boltimore City, give exact location) office bldg., INJURY OCCUR?  |
| MEDI        | 21D. TIME   Month)   Doy) (Yeo) (Haut)   21E, INJURY OCCURRED   While At   Not White At Work   At Work   Not W | , 📙  |
|             | 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased olive on $9-13$  | 9-3- 1967 to $9-13-$ 1967 = 1967 and that in(my) (aur) apinion death occurred an the data  |
| 10          | and haur and fram the couses stated above, (1) (We) (did) (did nat)  23A. SIGNATURE  M.D. Att Phy  |  |
| 241         | A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CR   | 23D. ADDRESS  CONTURERS ITY OF MARKAND HOSPITAL  REMATORY [24D. LOCATION (City, town, or county) [Stote]                                     |
| ľ           | REMOVAL (Specify)  |  |
|             | 23C. PHYSICIAM'S NAME (Type)  Michae  A. BURIAL CREMATION, [248. DATE   24C. NAME of CEMETERY of CR  | 23D. ADDRESS  CONTRACT  CONTRACT  COUNTY  24D. LOCATION  (City, town, or county)  150  |

FUNERAL DIRECTOR: IMPORTANT

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AND ASSOCIATION AND SECURITION OF THE PARTY OF THE PARTY

| BIRTH NO. 67 8804 CERTIFICA  | Y HEALTH DEPARTMENT  ATE OF DEATH Registered No   | 67 8804  |
|--|---|--|
| N.E. CASE NO.  NAME OF DECEASED  Type or Print)  BERTHA M. TSAGATOS  | 2. DATE AND HOURS, DEATH September 21, 1967   | '  |
| FULL NAME OF (If not in hospital or institution, give street   | 4. USUAL RESIDENCE (Where deceased lived. If inst   | /  |
| HOSPITAL OR oddress or locotion)  Union Memorial Hospital  | C. CITY OR TOWN (If outside city limits, write RU  Baltimore  D. STREET ADDRESS (If rurol, give locotion) | 21213 6-0  |
| 44 Onton Memorial Mospital   | 162 N. Decker 1   | besset Ave.  |
| SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)  Married   | May 21, 1893.  9. AGE (In years lost birthdoy) 74   | If Under 1 Yr. If Under 24 H<br>Months Doys Hours Min. |
| OA. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY one during most of working lite, even if retired)  Homemaker  |   | 12. CITIZEN OF WHAT COUNTRY?                           |
| 3. FATHER'S NAME Samuel M. Tull  | 14. MOTHERS MAIDEN NAME Florence  | Disharron  |
| 5. Was Deceased Ever in U. S. Armed Forces? fes, no or unknown) (II yes, give wor or dotes of service)  No  No  No  No  No  No  No  No  No  N  | 17. INFORMANT Mr. Steve Tsagatos  | (Same)   |
| DISEASE OR CONDITION DIRECTLY  | UCHOUNTY BUTA   | INTERVAL BETWEEN ONSET AND DEATH                       |
| rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.   | ruios curric Hari<br>Tresulté<br>Eutes Heuros   | ાક પશ  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJURY (e.g., in the condition of |   | NDINGS CONSIDERED                                      |
| OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)   | in or obout 21C. WHERE DID (If in Baltimore bldg., INJURY OCCUR?  | City, give exact location)                             |
| 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not Whi Not Work   |   |  |
| 22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an   |   | an death accurred an the de                            |
| and haur and from the causes stated above (1) (We) (did) (did not)   | view the bady after death.  | 238. DATE SIGNED                                       |
| Phy  | ys. Director Phys.  |  |
| STURT D. SUNDRY M.D.   | 23D. ADDRESS 23D. ADDRESS 20. U- 33r 1r   | [8]  |
| 23C. PHYS CIAN   | 23D. ADDRESS  23D. ADDRESS  24D. LOCATION (City   | town, or county) (State                                |

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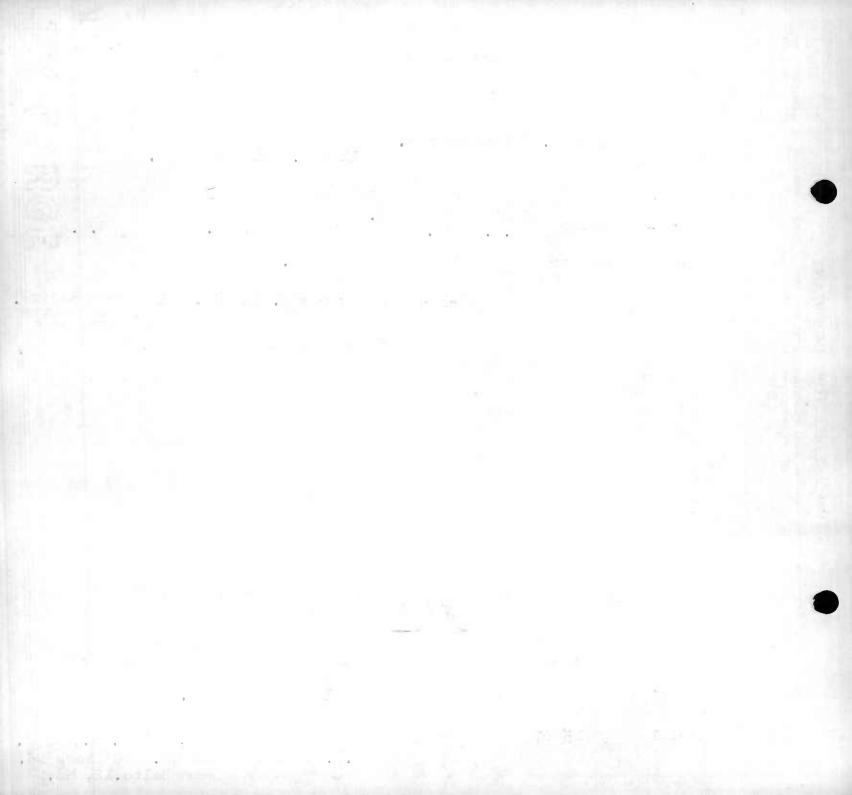
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| 15-4                                   | 16   | BALTIMORE CITY   | Y HEALTH DEPARTMENT                                      |   | 67 8806                             |
|--|--|--|--|---|-------------------------------------|
| BIRTH NO.<br>M.E. CASE NO.             | 67   | 8806 CERTIFICA   | TE OF DEATH  | Registered Na.                              | 07 0000                             |
| Type or Print)                         | ECEASED  | Albert Bloberger   | 2. DATE AN<br>9/12/                                      | 1967  | 12 0                                |
| . PLACE OF E                           | DEATH IN BALTIMORE, MAI  | RYLAND   |  | re deceased lived. If inst                  | ilution: residence before odmission |
| FULL NAME<br>HOSPITAL O<br>INSTITUTION | R oddress or location  | or institution, give street<br>)   | Maryland   |   | IRAL and give lowerhip)             |
| 00                                     | 1124 E.  | Belvedere Ave.   |  | rurol, give locotion)  vedere Ave           |                                     |
| 5. SEX                                 | 6. RACE  | 7. MARRIED, NEVER MARRIED  | B. DATE OF BIRTH   | 9. AGE (In years                            | If Under 1 Yr. If Under 24 Hrs      |
| M<br>MAIUSIAL OC                       | W CUPATION (Give kind of work  | WIDOWED, DIVORCED (specify)  Married  108. KIND OF BUSINESS OR INDUSTRY  | 4/24/1894  | 73  | Months Doys Hours Min,              |
| done during most                       | ol working life, even if retired) -Inspector                                   | Immigration Dept   | Baltimore  |   | WHAT COUNTRY?                       |
| 3. FATHER'S N                          | AME  | 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3                                  | 14. MOTHER'S MAIDEN NA                                   | ME  |                                     |
| John                                   | n Bloberger  |  | Meta M. Pe   | strup                                       |                                     |
| 5. Was Deceas                          | ed Ever in U. S. Armed Ford  |  | 17. INFORMANT  | -   | ADDRESS                             |
| ~=                                     | wn) (If yes, give wor or date:   | s of service)   SECURITY NO.<br>212-38-2599                              | George V T   | mhoff 581                                   | 2 Northwood Dr                      |
| NO 18.                                 | 3 V  |  | F DEATH  | miniorr 2 20T                               | INTERVAL BETWEEN                    |
|  | ASE OR CONDITION DIR   | ECTI V   |  |   | ONSET AND DEATH                     |
|  | LEADING TO DEATH   | (A)  | arum of  | fue   | murch 196;                          |
| heart foilur                           | nol mean the mode of<br>e, osthenio, etc. It meons<br>omplication which caused | the disease,<br>deoth.)  | V  | 8   | Franks                              |
|  | ANTECEDENT CAUSES  | DUE TO   | 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8                    |   |                                     |
| rise to                                | OR CONDITIONS, if colline obave cause (A) NG CONDITION last.                   | ony, giving  |  |   |                                     |
| E TO THE                               | NIFICANT CONDITIONS CO   | TED TO THE   |  |   |                                     |
| A DISEASE O                            | OF OPERATION 198. CONE   | DITION FOR WHICH OPERATION   | 20 A. AUTOPSY? (Yes or No                                | DOB. IF YES, WERE FILE<br>IN CERTIFYING CAU | NDINGS CONSIDERED<br>SES OF DEATH?  |
| OR CONTRI                              | DENT WAS UNDERLYING DENTING CAUSE OF   | 21B. PLACE OF INJURY (e.g., i<br>home, form, foctory, street, o<br>etc.) | n or obout 21 C. WHERE DID<br>ffice bldg., INJURY OCCUR? | (If in Baltimore                            | City, give exact location)          |
| 21D. TIME<br>OF INJURY<br>(APPROX.)    | (Month) (Doy) (Year)   | (Hour) 21 E. INJURY OCCURRED  While A1 Nort A1 Work                      | 21 F. HOW DID INJ  | URY OCCUR?                                  |                                     |
| 22. 1 certi                            | fy that (1) (this bosnical)  | attended the deceased/fram   |  | 1967 to 9/                                  | 19 67                               |
| that (I) (w                            | e) last saw the decease  | d alive an $\sqrt{\frac{1}{2}}$  | 19 6) and the  | /   | an death accurred an the dat        |
|  |  | ed abave. (1) (Wet (dld) (did-net) v                                     | view the bady after death.                               |   |                                     |
| 23A. SIGNA                             | TURE SING S  | M.D. Atte  | ending Med. S. Director                                  | Stoff                                       | G/16/67                             |
| 23C. PHYSIC                            | TANS   |  | s. Director 23D. ADDRESS                                 | Phys.                                       | 1/110/                              |
| NAME                                   | (Type)   | ol Smith M.D.  | 1261 Belved  | ere Ave.                                    |                                     |
| 24A. BURIAL CI                         | REMATION, 24B. DATE  | 24C. NAME OF CEMETERY OF CR  |  |   | , town, or county) (State)          |
| Burial                                 | 9/15/6   | 7 Parkwood   | Do   | nlarilla D                                  | eM co atfo                          |
|  | D BY HEALTH DEPT.  | 25B. NAME OF REGISTRAR   | 25C FUNERAL DIRECTOR                                     | LVATITE B                                   | 4905 York Rd                        |
| SEP 1                                  | 4 1967 P. P.   | E. Salken O  | n.w.Jenkins  |   |                                     |
| (C 150 BEV 1/                          | 1/45   |  |  | = 56  | alto.12, Md.                        |



IMPORTANT

DIRECTOR:

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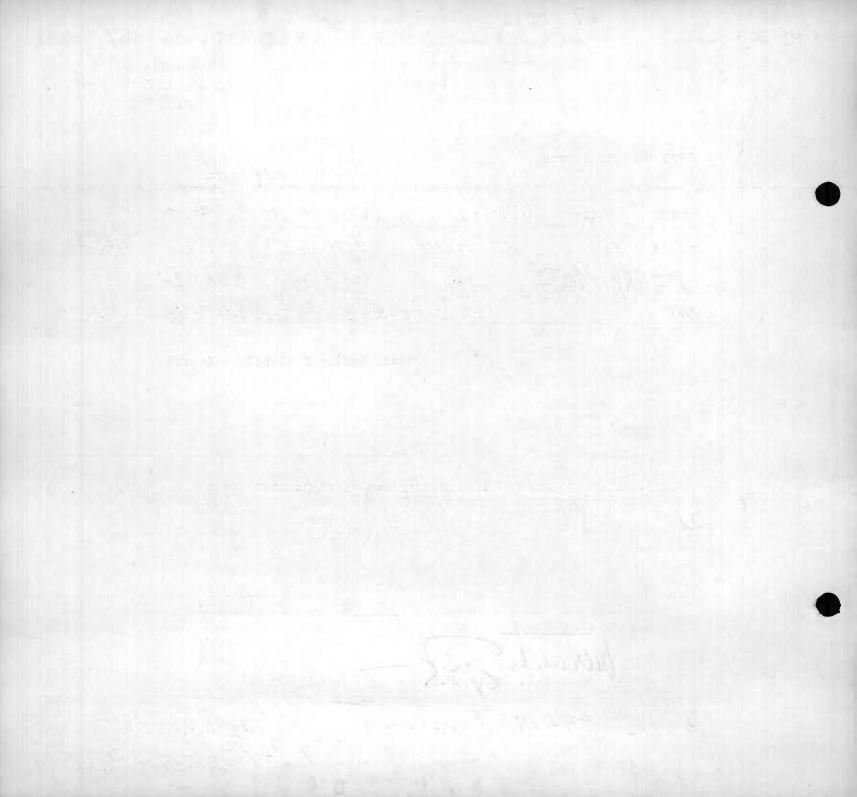
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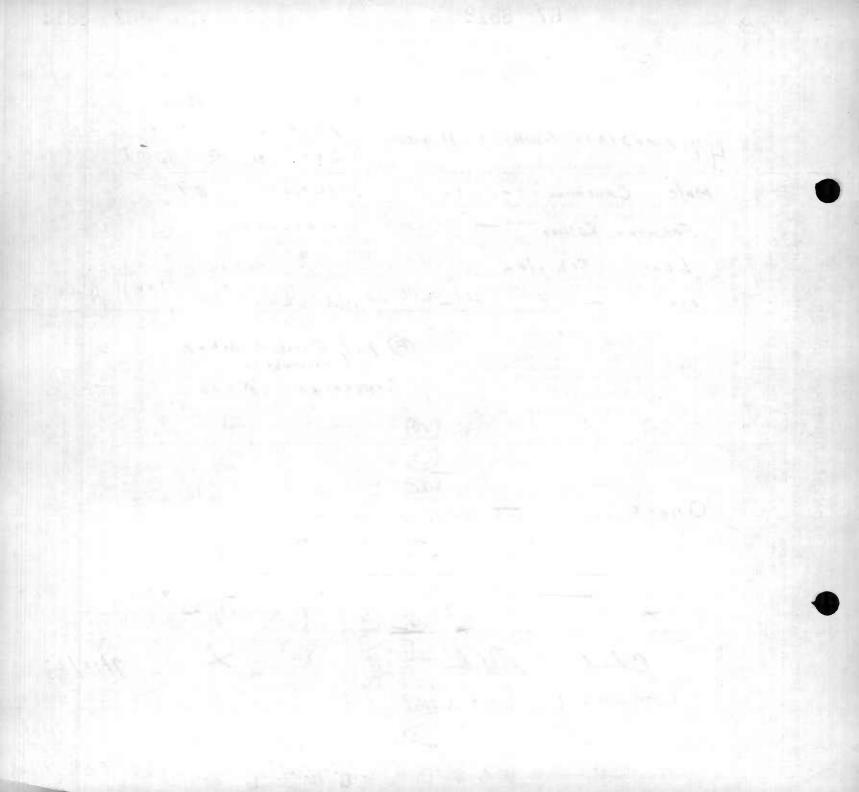
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|  |   | 07,                                       |                                  | CAMINER'S C   |  |   | FLI a                                 | 67 0011                             |
|--|---|---|----------------------------------|---|--|---|---------------------------------------|-------------------------------------|
|  | TH NO.  | N   | REDICAL EX                       | AMIINER 3 C   | EKTIFICA   | IE OF DEA                               | Megistered N                          | 0.011                               |
| 1,   | NAME OF DE  | CEASED                                    |                                  |   |  | 2. DATE AND HOU                         | R PRONOUNCED DE                       | AD                                  |
| ПСТУ   | pe ar Print)<br>TH  | ERESA                                     | М.                               | OHMSTEDE  |  |   | r 10, 1967                            | 11:00 A. M.                         |
| 3. 1   | PLACE IN BAL  | TIMORE, MARYLA                            | ND, WHERE PRONO                  | UNCED DEAD  | 4. USUAL RESID<br>A. STATE<br>Mary   | ENCE (Where decease                     | d lived. If institution:<br>B. COUNTY | residence befare odmissian)         |
| HO   | LL NAME OF<br>SPITAL OR<br>TITUTION   | (IF NOT IN I<br>ADDRESS OR                | HOSPITAL OR INSTIT               | UTION, GIVE STREET                                  | C. CITY OR TOV   |   | ote limits, write RURA                | AL and give township)               |
| 1  | 5921 C  | edonia Av                                 | enue                             |   | D. STREET ADD  | RESS (If rural, give lac<br>Cedonia Ave |                                       | 7001                                |
| 5. \$  |   | 6. RACE                                   | WIDO WED,                        | NEVER MARRIED<br>DIVORCED (specify)                 | B. DATE OF BIRT  | H 9. A last                             | birthday) Mon                         | Under 1 Yr. If Under 24 Hrs.        |
| LDA  | Female  | White UPATION (Give kind                  | UIOOL                            | UCQ<br>F BUSINESS OR INDUSTR                        | VC/06ER/   | State or foreign countr                 | 67.66                                 | OTIZEN OF                           |
| don  | HOUSE   | warking life, even if i                   |                                  | HOME  | DORG   | hesterlos:                              |                                       | WHAT COUNTRY?                       |
| 13.  | FATHER'S NAM  | AE À À                                    |                                  |   | 14. MOTHER'S M   | AIDEN NAME                              |                                       |                                     |
|  | ME  | VRY ME                                    | 2/2                              |   | CATHE  | RINE KI                                 | LMPS                                  |                                     |
|  |   | O'EYER IN' U.S.                           | or dates of service)             | 16. SOCIAL<br>SECURITY NO.                          | 17. INFORMANT  | SON                                     | ADD                                   | PRESS                               |
|  | NO  |   |                                  | 214-10-8254   | BG CORG  | CE, Ohm                                 | istede                                | SAME                                |
|  | 18. 3   | 2.3                                       |                                  | CAUS  | E OF DEATH   |   |                                       | INTERVAL BETWEEN<br>ONSET AND DEATH |
|  | DISEA   | SE OR CONDITIE                            |                                  |   |  |   |                                       | ONGET AND DEATH                     |
|  | (This daes  | LEADING TO I                              | ade of dvina e.a.                | (A) Deat  | th During  | Epileptic S                             | eizure                                |                                     |
|  | heart foilure   | , asthenio, etc. It<br>mplication which c | means the disease,               | 501.10  |  |   |                                       |                                     |
|  |   | ANTECEDENT C                              | ALISES                           |   |  |   |                                       |                                     |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO  |   |   |                                  |   |  |   |                                       |                                     |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. |   |   |                                  |   |  |   |                                       |                                     |
| No   |   |   |                                  | (C)   |  |   |                                       |                                     |
| I Y  | OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. Date of Operation 198. CONDITION FOR WHICH OPERATION  204. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED |   |                                  |   |  |   |                                       |                                     |
| 윤  |   | DEATH BUT N                               | OT RELATED TO 1                  | Meningio  | oma of rig   | ht post fos                             | sa                                    |                                     |
| CERT   |   | OPERATION 19                              | B. CONDITION FOR<br>AS PERFORMED | WHICH OPERATION                                     | 20A. AUTOPSY<br>Yes  | ? (Yes ar Na) 20B, IF<br>IN CER         | YES, WERE FINDING                     |                                     |
| EDICAL   | UNDERLYING  | L CAUSE WAS<br>OR CONTRIB-                | 21 B.<br>hame<br>etc.)           | PLACE OF INJURY (e.g.,<br>e, farm, factory, street, | in ar about 21C. V<br>office bldg., INJURY   | VHERE DID (If in Ball                   | timore City, give exa                 | ict location)                       |
| ME   | 21 D TIME   | (Month) (Day)                             | (Year) (Hour)                    | 21E. INJURY OCCURRED                                | 21 F. H  | OW DID INJURY OC                        | CUR?                                  |                                     |
|  | OF INJURY<br>(APPROX.)  |   |                                  | WHILE AT NOT  | WHILE  |   |                                       | and the second second               |
|  |   | tify that I held                          |                                  | InspectionAu  | ntopsy X one   | d that an this bosis                    | s, death in my api                    | nlan                                |
|  | resu  | ted fram: Natu                            | ral causes X                     | Accident Suicle                                     |  |   | rmined manner                         |                                     |
|  | ACTUA   | 1.000                                     | 16                               |   |  | EDICAL EXAMINE                          |                                       | DATE SIGNED                         |
|  | SIGNAT  | URE //UL/I                                | uly h.                           | ZNA MOS   | The state of the s | EDICAL EXAMINE                          |                                       | 0/11/67                             |
|  | EXAMIN<br>NAME (  | Type)                                     | rner U. Sp                       | tz, M.D.  | ASSOCIATE M  | EDICAL EXAMINI                          | ĒR 🔛                                  | 9/11/67                             |
|  | OVAL (Specif  |   | ATE 23                           | C. NAME of CEMETERY                                 | OF CREATED RY  | 23 D. LOCATIO                           | ON (City, town,                       | ar county) (Stoto)                  |
| -  | BURL  | 9-  | 14-1967                          | PARKWOO   | od   | Trees                                   | Calfre 19                             | ALTO. MA                            |
| 24/  | DATE REC'D  | BY HEALTH DEP                             | T. 248, NAME                     | OF REGISTRAR  | 24C FUNER  | AL DIRECTOR                             | 10                                    | ADDRESS                             |
|  |   | CED 1 F                                   | 007 00                           | 0070  | 1/2  | alter or                                | Klin 5444                             | BELDIE Rd                           |
| -  | 161 0014 2 42   | DEL TO                                    | 201 (15.17                       | To be at A Marital                                  | 1/1-1  | 13                                      | 2000/11                               | VELTUR 114.                         |



| 4    | BIRTH NO. 67 8812 CEDITIECATE OF  | (/ (-) (01)   |
|------|---|---|
| ch   | M.E. CASE NO.   | DLAIII /  |
| . Su | 1. NAME OF DECEASED (Type or Print) GEORGE EDWARD SCHISLER  | 2. Date and Hour of DEATH  9/12/67  3 15  A.N   |
|      | 3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL R A. STATE  FULL NAME OF III not in hospital ar institution, give street   | ESIDENCE (Where deceased lived. If institution; residence before admission)  B. COUNTY  LAND  BALTO  CO |
| ĺ    | HOSPITAL OR oddress or location) INSTITUTION  C. CITY OR  | TOWN (If autside city limits, write RURAL and give township)  |
|      | 18 MARYLAND GENERAL HOSPITAL D. STREET  | DDRESS (If rural, give lacation)  |
|      | 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF 1 WIDOWED, DIVORCED (specify)   | BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months   Days   Hours   Min.                 |
|      | MALE CAUCASIAN SING OF BUSINESS OR INDUSTRY 11. BETTHPLA  | 0/1000 8/   |
|      | - TANKER - KETIKUDI   | AKYLAND USA   |
|      | 13. FATHERS NAME  LOUIS SChisler  | CATHERINE SUBOCK  |
|      | 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of service) 212-36-6738 Mely   | S. S. l. 2721 h. Polling  |
| -    | 18. 4 22 / I CAUSE OF DEATH   | INTERVAL BETWEEN ONSET AND DEATH  |
|      | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the made of dying, e.g., DUE TO   | CEREBRAL ARTERY WKS.  |
|      | injury at complication which caused death.)   |   |
|      | ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving   | RED ASCUD YEARS   |
|      | rise to the above cause (A) stoling the (C) UNDERLYING CONDITION lost.  |   |
|      | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |   |
|      | 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  | OPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?                  |
|      | 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C or CONTRIBUTING   CAUSE OF home, farm, factory, street, office bidg., INJURY (e.g., in or obout 21C or contributing   CAUSE OF home, farm, factory, street, office bidg., INJURY (e.g., in or obout 21C or contribution) | WHERE DID (If in Boltimare City, give exact location) URY OCCUR?  |
|      |   | HOW DID INJURY OCCUR?   |
|      | 22. I certify that (I) (this hospital) attended the deceased fram 2/29  |   |
|      | and have and from the causes stated above. (1) (46) (did) (did fat) view the bad  | and that in(my) (town) apinion death occurred on the dat<br>y after death.                              |
|      | 23A, SIGNATURE  M.D. Allending  | Med. Stoff  |
|      | 23C. PHYSICIAN'S NAME (Type)  Phys.  23D. ADDRESS   | Director Physics 7/12/67  |
|      | CHARLES F. DEFLIN M.D. MC   | Jenes & Dozpelas<br>240. LOCATION (City, town, or county) (State)                                       |
|      | Burcal 9/15/67 Int. Olive   | Randallstown Md   |
|      | SEP 1 5 1967, Roub E, Fallenta 255. Jun   | 19 Buen 8728 Liberty Rd   |
|      | VC 150 REV 1/1/65   | TO HOLLING  |



| FULL NAM HOSPITAL (INSTITUTION THE JOINSTITUTION | DOROTHY: TOP TO SEATH IN SALTIMORE, M. SOF (If not in hospitol oddress or location)  OHNS HOPKINS    6. RACE   | WOODWAR ARYLAND  I or institution, son)  HOSPITA  7. MARRIED, WIDOWEE MARR I | NEVER MARRIED D, DIVORCED (specify) ED BUSINESS OR INDUSTRY | 4. USUAL RESIDENCE (WA. STATE B. COUVING IN IAC. CITY OR TOWN (III of SUFFOLK   | Nansemond outside city limits, write  If rurol, give locotion)  E AVEUNE  9. AGE (In years lost birthday)  THE STATE OF TH | RURAL and give township)  If Under 1 Yr. If Under 24 H Months: Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY? |
|--|--|--|---|---|--|--|
| FULL NAM HOSPITAL (INSTITUTION THE JOSEPH JOINT TO JOSEPH JOINT THE JOINT TH | OF (Iff not in hospitol oddress or localist of localis | HOSPITA  7. MARRIED, WIDOWEE MARR I  | NEVER MARRIED D, DIVORCED (specify) ED BUSINESS OR INDUSTRY | A. STATE B. COUVIRGINIA C. CITY OR TOWN (II of SUFFOLK D. STREET ADDRESS (ADDITIONAL CONTROL OF BIRTH 1-30-17 (11. BIRTHPLACE (Stote or for Richmond, Va.) 14. MOTHER'S MAIDEN N. | Nansemond Sutside city limits, write  If rurol, give locotion)  E AVEUNE  9. AGE (In years lost birthday)  The property of the | RURAL ond give township)  If Under 1 Yr. If Under 24 H Months Doys Hours Min.                                |
| THE JOSPITAL OF INSTITUTION OF THE JOSPITAL OF | OHNS HOPKINS    6. RACE     WHITE     CUPATION (Give kind of wo of working life, even if retired)   ker  | HOSPITA  7. MARRIED, WIDOWEL MARR I  108, KIND OF                            | NEVER MARRIED D, DIVORCED (specify) ED BUSINESS OR INDUSTRY | C. CITY OR TOWN (III of SUFFOLK D. STREET ADDRESS (I) 804 DUMVILL  B. DATE OF BIRTH  1-30-17  (1). BIRTHPLACE (Stote or for Richmond, Va. 14. MOTHER'S MAIDEN N.                  | outside city limits, write  If rural, give location)  E AVEUNE  9. AGE (In years lost birthday)  THE AGE (In years lost birthday)  THE AGE (In years lost birthday)  | If Under 1 Yr. If Under 24 H<br>Months: Doys Hours Min.  |
| 5. SEX  FEMALE  10A. USUAL O  done during mos  HOMEMA  13. FATHER'S P  GEOR  15. Wos Deceo (Yes, no or unknown)  DIS   | 6. RACE WHITE CUPATION (Give kind of wo of working life, even if retired) ker AME GE WALLS sed Ever in U. S. Armed Fewn) (Iff yes, give wor or do  | 7. MARRIED, WIDOWEE MARR I  OR 10B, KIND OF                                  | NEVER MARRIED  DIVORCED (specify)  ED  BUSINESS OR INDUSTRY | B. DATE OF BIRTH  1-30-17  (1). BIRTHPLACE (Stote or for Richmond, Va.  | 9. ACE (In years lost birthday)  SOC 50  reign country)  | Months Doys Hours Min.   |
| FEMALE  10A. USUAL O  done during mos  HOMEMA  13. FATHERS P  GEOR  15. Wos Deceo (Yes, no or unkn: NO   | WHITE CCUPATION (Give kind of wo of working life, even if retired)  KET  IAME  GE WALLS  sed Ever in U. S. Armed F.  wm) (If yes, give wor or do   | MARR I   | D. DIVORCED (specify) ED BUSINESS OR INDUSTRY               | B. DATE OF BIRTH  1-30-17  11. BIRTHPLACE (Stote or for Richmond, Va.)  14. MOTHER'S MAIDEN N.  | 9. AGE (In years lost birthday)  TOOK 50  reign country)   | Months Doys Hours Min.   |
| 10A. USUAL O done during mos Homema 13. FATHERS P  GEOF 15. Wos Deceo (Yes, no or unkn: No   | CCUPATION (Give kind of wo of working life, even if retired)  KET  AME  GE WALLS  sed Ever in U. S. Armed Form) (Iff yes, give wor or do   | ork 108, KIND OF   | BUSINESS OR INDUSTRY  | Richmond, Va  | reign country)   | 12. CITIZEN OF WHAT COUNTRY?   |
| GEOR 15. Was Deceo No 18. O  | GE WALLS sed Ever in U. S. Armed Fr wn) (If yes, give wor or do  | orces?<br>tes of service)  |   | 14. MOTHER'S MAIDEN N.  |  |  |
| NO DIS   | sed Ever in U. S. Armed Fr<br>wn) (If yes, give wor or do  | prces?<br>tes of service)  |   | NELLIE I.   |  |  |
| 18.2 O<br>DIS  |  |  | SECURITY NO.  | 17. INFORMANT   |  | ADDRESS  |
| DIS  |  |  | 231-44-6548   | Jacob L. Wood   | ward (SPOUSE   | Suffolk, Va.   |
| OTHER SI TO THE DISEASE  |  | CONTRIBUTING ATED TO TH IT. NOTION FOR V                                     | (C)   | 20 A. AUTOPSY? (Yes or T  |  | FINDINGS CONSIDERED  |
| OR CONT  | DENT WAS UNDERLYING [ IBUTING CAUSE OF tily medical examine)   | etc.)  | e, lorm, foctory, street, o                                 | in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?   |  | e City, give exact location)   |
| OF INJURY  | (Month) (Doy) (Yeor  |  | ile At Not Whi  |   |  |  |
| 22. I certify that (M) (this haspital) attended the deceased from August 30 1967 to September 12 1967 that (M) (we) last saw the deceased alive an Alexander 1967 and that in (my) (aur) apinian death accurred an the data and have and from the causes stated above. (M) (We) (did) (did not) view the bady ofter death.   |  |  |   |   |  |  |
| 23A. SIGN  | hu T Fla   | huty   | M.D. AH   | tending Med. pirector 23D. ADDRESS  | Stoff Phys.  | Systember 12,196   |
| 24A. BURIAL  | JOHN T. FLAI   |  | M.D.  | COMING HOLKIN   |  | ity, town, or county) (State)  |
| Buria  | 1 9-14-6"<br>SEP 15 1967   |  | ar Hill Cemet  of REGISTRAR  E. Falkuma                     | 25C. FUNERAL DIRECTO  |  | ADDRESS<br>1to. Md. 21214  |

printing for all the second of the last of the self-TOTAL STATE AND ASSESSED TO . A first and the second of th Tarte of the cold of the Carte of



|  | BALTIMORE C   | ITY HEALTH DEPARTMENT                       |   | 07 001-                                    |  |  |  |  |
|--|---|---|---|--|--|--|--|--|
| BIRTH NO 67-17766  | 67 8815 CERTIFIC  | CATE OF DEATH                               | Registered No.                              | 67 8815                                    |  |  |  |  |
| M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)   | 1 COBB  | 2. DATE AN                                  | D HOUR OF DEATH                             | 1671 P.                                    |  |  |  |  |
| 3. PLACE OF DEATH IN BALTIMORE   | MARYLAND  |   | re deceased lived. If insti                 | Iulian: residence before admission         |  |  |  |  |
| FULL NAME OF (If not in hos oddress or le  | spital or institution, give street  | C. CITY OR TOWN III OUT                     | 184- 408P.                                  | RAL and give township)                     |  |  |  |  |
| Glow MEN   | in lance  | 7-2   | 2   | 9 BEALMONT AV                              |  |  |  |  |
| 5. SEX 6. RACE   | 7, MARRIED, MEVER MARRIED   |   | 9. AGE (In years                            | If Under 1 Yr If Under 24 Hrs              |  |  |  |  |
| M  | WIDOWED, DIVORCED (specify)   | AUG 26-67                                   | lost birthday)                              | Months Days Hours Min,                     |  |  |  |  |
|  | work 108, KIND OF BUSINESS OR INDUS   |   | ign country)                                | 12. CITIZEN OF                             |  |  |  |  |
| one during most of working life, even if rel   | ired)   | BALT  | MACH  | WHAT COUNTRY?                              |  |  |  |  |
| 3. FATHER'S NAME   |   | 14. MOTHER'S MAIDEN NA                      | ME  |  |  |  |  |  |
|  |   | RACHEL                                      | COBR  |  |  |  |  |  |
| 5. Was Deceased Ever in U. S. Arme   |   | 17. INFORMANT                               |   | ADDRESS                                    |  |  |  |  |
| (es, no ar unknown) (If yes, give war a  | dotes of service) SECURITY NO.  |   |   |  |  |  |  |  |
| 18.  | CAUS  | OF DEATH                                    |   | INTERVAL BETWEEN                           |  |  |  |  |
| DISEASE OR CONDITION   |   |   |   | ONSET AND DEATH                            |  |  |  |  |
| LEADING TO DE  |   | PREMATURITY                                 | 4   | 14 ARS .                                   |  |  |  |  |
| (This does not mean the mad  |   |   |   |  |  |  |  |  |
|  | hearl failure, asthenia, etc. 11 means the disease, injury ar camplication which coused death.) |   |   |  |  |  |  |  |
| ANTECEDENT CA  | USES (B)  |   |   | on 1 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |  |  |  |  |
| DISFASES OR CONDITIONS if any giving   |   |   |   |  |  |  |  |  |
| rise to the obave cause (A) stoling the (C)  |   |   |   |  |  |  |  |  |
|  |   |   |   |  |  |  |  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |   |   |   |  |  |  |  |  |
| U 19A. DATE OF OPERATION 198.  | CONDITION FOR WHICH OPERATION S PERFORMED   | 20A. AUTOPSY? (Yes or No                    | 208, IF YES, WERE FIN<br>IN CERTIFYING CAUS | DINGS CONSIDERED                           |  |  |  |  |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)   | NG 21B. PLACE OF INJURY (e. home, loim, foctory, stied etc.)                                    | g., in a about 21C. WHERE DID INJURY OCCUR? | (If in Boltimore C                          | City, give exact location)                 |  |  |  |  |
| 21D. TIME (Month) (Doy)  | Yeor) (Haur) 21 E. INJURY OCCURRED  | 21F. HOW DID INJ                            | URY OCCUR?                                  |  |  |  |  |  |
| OF INJURY  | While At Not Not Not Not Not Not Not Not Not No   | While                                       |   |  |  |  |  |  |
| 22 Leastify that (1) (this has   | pital) ottended the deceased from   |   | 19 67 to A                                  | 06 26 19 67                                |  |  |  |  |
| that (I) (we) lost sow the dec   | 1.00 .1   | 1 -   |   | on death occurred on the da                |  |  |  |  |
|  |   |   | or in may (aur) opinio                      | on decin occurred on the da                |  |  |  |  |
| 23A. SIGNATURE   | stoted obove. (I) (We) (did) (did no  | t) view the body offer deoth.               | To.   | 3B. DATE SIGNED                            |  |  |  |  |
| The state of the s | M.D.  | Attending Med.                              |   | AUG 26/67                                  |  |  |  |  |
| 23C. PHYSICIAN'S A LA CE   | chart of .  | Phys. Director                              | Stoff Phys.                                 |  |  |  |  |  |
| NAME (Type)  | Reenberg)<br>Resid Berg   | D. ONON ME                                  | IN TON MEMOR                                | IAL HOSPITAL                               |  |  |  |  |
| 24A. BURIAL CREMATION, 24B. DAT  |   | TABLATO.                                    | OCAHOND CARD                                | towns or country) (Stole)                  |  |  |  |  |
| REMOVAL (Specify)  | 2/1-  |   | OFFICE PROPERTY.                            | ECHI CCHOOL                                |  |  |  |  |
| SA DATE BECID BY INVALVIA  | 2// 07  | UNIVE                                       | SILL WED                                    | ILAL SCHUUL                                |  |  |  |  |
| 25A. DATE REC'D BY HEALTH DEPT.  | 367 P. O. B. E. Falley  | 25C. FUNERAL DIRECTOR                       | DY SEDVIC                                   | E BCHD                                     |  |  |  |  |
| SEP 15 19  | DUI U Level 5 E. Valley   | THE WILL OF                                 | THE DEWAY                                   | T - DAIL                                   |  |  |  |  |
| /S 150-REV. 1/1/65   |   |   |   |  |  |  |  |  |

TELLINE LEIDSF PL

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RACHEL CORS

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WI C IND

12-4-0 CHAIRTER T MARCHA 19-28 BALLEO 1809 ST. PAUL ST. AMURAMONI (16:(3)) Single 4.5.14. NONE. ocute Juliurary show Welgentin Morration

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IMPORTAN

DIRECTOR:

FUNERAL

w-452

67 8818 BALTIMORE CITY HEALTH DEPARTMENT

## AAEDICAL EYAAAINED'S CEDTIFICATE OF DEATH Registered No. 17 9919

| BIRTH   | NO.   | MEDI   | CALEX            | AMIINER 3 CI                             | EKTIFICATE OF L                         | JEA III Registe                | 0010   |  |  |
|---|---|--|------------------|--|---|--------------------------------|--|--|--|
|   | CASE NO.  |  |                  |  |   |                                | en Dr. o   |  |  |
| 1. N.<br>(Type  | AME OF DEC  |  | MES WI           | ILLIAMS                                  | August 17, 1967 7:42 A.                 |                                |  |  |  |
| 2 BI  | ACE IN BALTI  |  |                  |  |   |                                | itution: residence before admission)   |  |  |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  |   |  |                  |  | A. STATE                                | B. COU                         | INTY   |  |  |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) |   |  |                  |  | Maryland<br>c. CITY OR TOWN (If outside |                                | RURAL and give township)   |  |  |
|   |   |  |                  |  |   |                                | 111-03   |  |  |
| -   | 0   |  |                  |  | Baltimon D. STREET ADDRESS (If rurol,   |                                | 10-03  |  |  |
|   | 5 0 Un:   | iversity Hos   | pital            |  |   |                                |  |  |  |
| C 0F  |   |  |                  | NICYCE AA ADDICD                         | Maryland                                | Penitentia    P. AGE (In yeors | If Under 1 Yr. If Under 24 Hrs.  |  |  |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)                          |   |  | B. DATE OF BIRTH | lost birthdoy)                           | Months Doys Hours Min.                  |                                |  |  |  |
|   | ale   | Negro  |                  |  |   | 40                             |  |  |  |
|   |   | PATION (Give kind of work<br>orking life, even if retired) | IOB, KIND OF     | BUSINESS OR INDUSTRY                     | 11. BIRTHPLACE (State or foreig         | n country)                     | 12. CITIZEN OF WHAT COUNTRY?   |  |  |
|   |   |  |                  |  |   |                                |  |  |  |
| 13. F   | ATHER'S NAM   |  |                  |  | 14. MOTHER'S MAIDEN NAM                 | E                              |  |  |  |
|   |   |  |                  |  |   |                                |  |  |  |
|   |   | O EVER IN U.S. ARMED                                       |                  | 16. SO CIAL<br>SECURITY NO.              | 17. INFORMANT                           |                                | ADDRESS  |  |  |
|   |   | ,, 5   |                  |  |   |                                |  |  |  |
| 1   | B. /  | 0  |                  | CAUSE                                    | OF DEATH                                |                                | INTERVAL BETWEEN   |  |  |
|   | 7   |  |                  |  |   |                                | ONSET AND DEATH  |  |  |
|   |   | E OR CONDITION DI<br>LEADING TO DEATH                      |                  | Arteri                                   | iosclerotic heart                       | disease                        |  |  |  |
|   | (This does no   | of meon the mode of osthenia, etc. It meons                | dying, e.g.,     | DUE TO                                   | LOBOLCIOCLO MOGI.                       |                                |  |  |  |
|   | injury or complication which coused death.)   |  |                  |  |   |                                |  |  |  |
|   | ANTECEDENT · CAUSES   |  |                  |  |   |                                |  |  |  |
|   | DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO   |  |                  |  |   |                                |  |  |  |
|   | RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.                                |  |                  |  |   |                                |  |  |  |
| Z   | (C)   |  |                  |  |   |                                |  |  |  |
| CERTIFICATION   | - CONTRIBUTING  |  |                  |  |   |                                |  |  |  |
| 0 0   |   | IFICANT CONDITIONS<br>DEATH BUT NOT RE                     |                  |  |   |                                |  |  |  |
| 쁘   | DISEASE OR  | CONDITION CAUSING  | G IT.            | -0.40004000***************************** |   |                                |  |  |  |
| E   | 9A. DATE OF   | OPERATION 198. CON   |                  | WHICH OPERATION                          | 20 A. AUTOPSY? (Yes or No)              | IN CERTIFYING CAU              |  |  |  |
|   | EVTERNIAL   | CALLEE WAS   | 010              | PLACE OF INITIAL                         | Yes                                     | Yes                            | The same of the sa |  |  |
| O   | JNDERLYING -  |  | home             | , form, foctory, street,                 | office bldg., INJURY OCCUR?             | (If in Boltimore City, gi      | ve exoct locotion)   |  |  |
| MEDIC   | JTING L CAUS  | E OF DEATH.  | etc.)            |  |   |                                |  |  |  |
| 1 4   | OF INJURY   | (Month) (Doy) (Yeo   | r) (Hour) 2      | TE. INJURY OCCURRED                      | 21F. HOW DID INJU                       | JRY OCCUR?                     |  |  |  |
|   | (APPROX.)   |  | m. V             | WHILE AT NOT                             | WHILE                                   |                                |  |  |  |
|   | 22.   |  |                  |  |   |                                |  |  |  |
|   | I certify that I held an Inquiry Inspection Autapsy X and that an this basis, death In my apinian |  |                  |  |   |                                |  |  |  |
|   | resulted fram: Natural causes X Accident Suicide Homicide Undetermined manner                     |  |                  |  |   |                                |  |  |  |
|   | CHIEF MEDICAL EXAMINER DATE SIGNED  |  |                  |  |   |                                |  |  |  |
|   | SIGNATI   |  | : 4.0            | 7 ZN M.D                                 | . ASSISTANT MEDICAL EX                  | KAMINER X                      |  |  |  |
|   | EXAMIN<br>NAME (T   | ER'S Charles   | S. Spr           | ingate, M.D.                             | ASSOCIATE MEDICAL E                     | XAMINER T                      | August 17, 1967  |  |  |
|   | BURIAL CREA   | AATION, 238. DAJE  | 23               | C. NAME OF CEMETERY                      | OF CREMATORY 23D. L                     | OCATION (City                  | , town, or county) (Stote)   |  |  |
| KEM   | OVAL (Specify   | 9/11   | 167              |  | INIVERS                                 | ITY MENT                       | CAL SCHOOL   |  |  |
| 24A.  | DATE REC'D  | BY HEALTH DEPT.  | 24B, NAME        | OF REGISTRAR                             | 24C. FUNERAL DIRECTOR                   | 2 2 1)x                        | ADDRESS  |  |  |
|   |   |  |                  | . W 10                                   | TTOCT                                   | TTAT DIO                       | DOCAT  |  |  |
|   |   | SEP 1 5 1967   | R.D.             | BE tarber 14                             | H08F                                    | THAL DIS                       | TUDAL  |  |  |
| VS  | 151-REV. 1/1/6  | 5  | 100              | 5/11                                     | 00831                                   |                                |  |  |  |

All miknows I lace 100 mitisfuglingst tetas and Polling 13/07

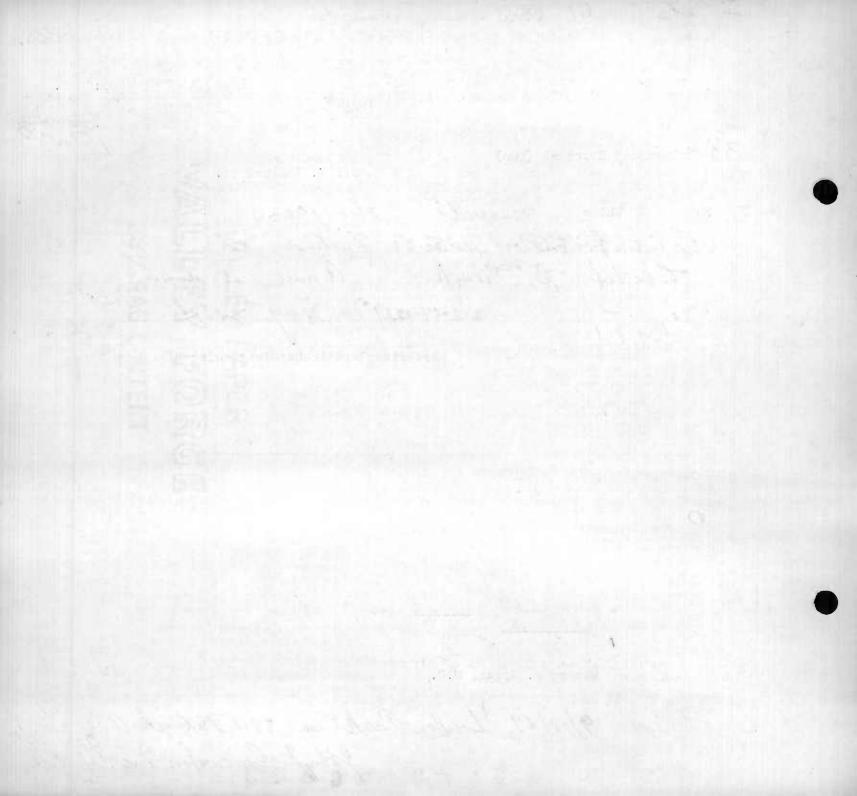
12 10 12 12 1 1 AM Frederick Brown Union Hyper tra D wood 12 2 3 1.62 while 12 will the same of manufactured in the same

| C7 00   | BALTIMORE CIT  | Y HEALTH DEPARTMENT  |  | CM 0004   |  |  |  |  |
|---|--|--|--|---|--|--|--|--|
| BIRTH NO. 67 88   | CERTIFICA  | ATE OF DEATH   | Registered Na.                             | 67 8821   |  |  |  |  |
| M.E. CASE NO.  1, NAME OF DECEASED  | CERTITION  | 1  | D HOUR OF DEATH                            |   |  |  |  |  |
| (Type or Print)   |  |  |  | 15.00 P M   |  |  |  |  |
| 3. PLACE OF DEATH IN BALTIMORE MARYLAND   | 2  | 14 USUAL RESIDENCE (Where  | PT. 1967                                   |   |  |  |  |  |
|   |  | A. STATE B. COUNT  | Υ  | n; residence before admission)                      |  |  |  |  |
| FULL NAME OF (If not in hospital or institution   | , give street  | MARYLAND   |  |   |  |  |  |  |
| HOSPITAL OR oddress or location) INSTITUTION  |  | C. CITY OR TOWN (If outs   |  | and give township)                                  |  |  |  |  |
| m //  |  | BALTIMORE  |  | 7-01  |  |  |  |  |
| MOLAIL HADA   | ital   | D. STREET ADDRESS (If I  |  |   |  |  |  |  |
| Though Hoge   |  |  | APSIDE A                                   | re  |  |  |  |  |
|   | D, NEVER MARRIED 'ED, DIVORCED (specify)   |  | P. AGE (In years If U<br>ost birthday) Mon | nder 1 Yr. If Under 24 Hrs.<br>ths: Doys Hours Min. |  |  |  |  |
| MALE CAUC.  |  | 16000.09   | 68   |   |  |  |  |  |
| 10A. USUAL OCCUPATION (Give kind of work 10B. KIND  | OF BUSINESS OR INDUSTR   | Y 11. BIRTHPLACE (Stote or foreig  | in country) 12.                            | CITIZEN OF<br>WHAT COUNTRY?                         |  |  |  |  |
| done during most of working life, even if retired)  |  | 1100 11 0 00   |  | JSA   |  |  |  |  |
| 13. FATHER'S NAME   |  | 14. MOTHER'S MAIDEN NAM  |  | 724   |  |  |  |  |
|   |  | The state of the s |  |   |  |  |  |  |
|   |  |  |  |   |  |  |  |  |
| 15. Was Deceased Ever in U. S. Armed Forces?<br>(Yes, no or unknown) (If yes, give wor or dotes of service)   | 1 6. SOCIAL<br>SECURITY NO.  | 17. INFORMANT  |  | ADDRESS   |  |  |  |  |
|   |  |  |  |   |  |  |  |  |
| 18. 10 1 1  | CAUSE  | OF DEATH   |  | INTERVAL BETWEEN                                    |  |  |  |  |
| DISEASE OR CONDITION DIRECTLY   | ===  | SOPHAGEAL  | VARICES                                    | ONSET AND DEATH                                     |  |  |  |  |
| LEADING TO DEATH  | ملعب الما  | 100-01-1   | 7  | 24 4RS  |  |  |  |  |
| (This does not mean the mode of dying, e.g.   |  | 9.001.901.90   | J  |   |  |  |  |  |
| heart failure, asthenia, etc. It means the diseas   |  |  |  |   |  |  |  |  |
| ANTECEDENT CAUSES   | (B)  | ENNEC C.   | RRHOSIS                                    | YEARS   |  |  |  |  |
|   |  |  |  |   |  |  |  |  |
| DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the  | او (c) (ما   | RODIC ALCO   | JOLISM                                     | YEARS   |  |  |  |  |
| UNDERLYING CONDITION last.  | 00000000   |  |  |   |  |  |  |  |
|   |  |  |  |   |  |  |  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  | NG   | 20.  |  | 0 0 -   |  |  |  |  |
|   |  | arovic MAL   |  |   |  |  |  |  |
| 19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |  |  |  |   |  |  |  |  |
| YES YES   |  |  |  |   |  |  |  |  |
| OR CONTRIBUTING CALLSE OF   | IB. PLACE OF INJURY (e.g.  | office bldg., INJURY OCCUR?  | (If in Boltimore City,                     | give exact location)                                |  |  |  |  |
|   | tc.)   |  |  |   |  |  |  |  |
| O 21 D. TIME (Month) (Doy) (Year) (Hour) 2  | IE. INJURY OCCURRED  | 21F. HOW DID INJU  | JRY OCCUR?                                 |   |  |  |  |  |
| S OF INJURY   | While At Not WI  |  |  |   |  |  |  |  |
| Work At Work  |  |  |  |   |  |  |  |  |
| 22. I certify that (1) (this haspital) attended   | the deceased from  | BAUG1  | 96/10 4 31                                 | 2 F 1 19601   |  |  |  |  |
| that (1) we) last saw the deceased alive an   | that ((1)) we) last saw the deceased alive an 4 SEPT 19 (and that in (my) (aur) apinian death accurred an the date |  |  |   |  |  |  |  |
| and haur and fram the causes stated abave.  | and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.                     |  |  |   |  |  |  |  |
| 23A. SIGNATURE 23B. DATE SIGNED   |  |  |  |   |  |  |  |  |
| 1700 00   | M.D. A   | ttending Med.  | Stoff Phys 1                               | Sout c-   |  |  |  |  |
| 23C. PHYSICIAN'S  | 1  | hys. Director 23D. ADDRESS   | Phys.                                      | Jep1. 61  |  |  |  |  |
| NAME (Type)   | 3  | 1  |  |   |  |  |  |  |
|   | M.C  | ANATI  | V POADO OF                                 | THE TYPE IN C                                       |  |  |  |  |
| 24A. BURIAL CREMATION, 24B. DATE / 24C.   | NAME of CEMETERY OF C  | REMATORY TALTA 240. LC   | CATION (City, for                          | vn, or county! " 4Stole)                            |  |  |  |  |
| 9/12/67   |  | HNIVERS  | ITY MEDICA                                 | I SCHOOL  |  |  |  |  |
| 25A. DATE REC'D BY HEALTH DEPT.   25B. NAMI   | E OF REGISTRAR   | 25C. FUNERAL DIRECTOR  | N. Charles                                 | APDRESS   |  |  |  |  |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NAMI   | JE, Jankerman  | MORTUAR  | Y SERVICE                                  | " RCHR  |  |  |  |  |
| Vs. 160 PSV 1/1/46  | 0.10   | 00   |  |   |  |  |  |  |

Ca/51/2

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8823

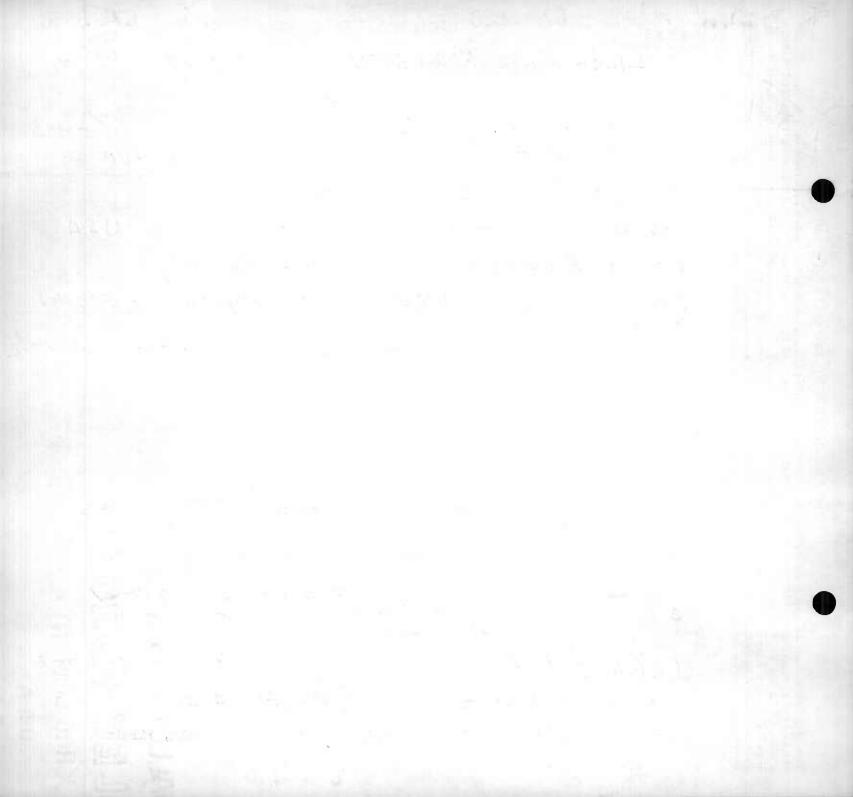
| M.E. CASE NO.   |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|
| 1. NAME OF DECEASED (Type or Print)   | 2. DATE AND HOUR PRONOUNCED DEAD   |  |  |  |  |  |  |  |  |  |
| CHARLES M. FRENCH Jr.   | September 13, 1967   5:00 P. M.  |  |  |  |  |  |  |  |  |  |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  | 4. USUAL RESIDENCE (Where deceased lived, II institution: residence belore admission) A. STATE Maryland  8. COUNTY |  |  |  |  |  |  |  |  |  |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)   | C. CITY OR TOWN (II autside carparole limits, write RURAL and give township)                                       |  |  |  |  |  |  |  |  |  |
| University Hospital (DOA)   | Baltimore /8-00  |  |  |  |  |  |  |  |  |  |
| omiversity hospital (box)   | D. STREET ADDRESS (If rural, give location) 825 W. Lombard St.   |  |  |  |  |  |  |  |  |  |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  | B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.                       |  |  |  |  |  |  |  |  |  |
| Male White Married  | 3/14/1902 65   |  |  |  |  |  |  |  |  |  |
| 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most at working life, event retired                    | 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  |  |  |  |  |  |  |  |  |  |
| No Tron Victure Projectionist Ford Mailes Ec.   | Pullimore Md. U.S.A.   |  |  |  |  |  |  |  |  |  |
| Charles R. French   | - annie Widman   |  |  |  |  |  |  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.   | 17. INFORMANT ADDRESS  |  |  |  |  |  |  |  |  |  |
| no - 217-07-191   | my mand French   |  |  |  |  |  |  |  |  |  |
| IB. CAUSE   |  |  |  |  |  |  |  |  |  |  |
| DISEASE OR CONDITION DIRECTLY   | ONSET AND DEATH  |  |  |  |  |  |  |  |  |  |
| LEADING TO DEATH Arterios   | sclerotic Cardiovascular Disease   |  |  |  |  |  |  |  |  |  |
| (this does not mean the mode of dying, e.g., heart lailure, asthenia, etc., it means the disease, injury or complication which caused death.) | (This does not mean the mode of dying, e.g., DUE TO  |  |  |  |  |  |  |  |  |  |
| ANTECEDENT CAUSES   |  |  |  |  |  |  |  |  |  |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING BUE TO.  |  |  |  |  |  |  |  |  |  |  |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |  |  |  |  |  |  |  |  |  |  |
| (C)   |  |  |  |  |  |  |  |  |  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  |  |  |  |  |  |  |  |  |  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE   |  |  |  |  |  |  |  |  |  |  |
| DISEASE OR CONDITION CAUSING IT.  | 2004 AUTOROVA (V N. ) 2008 IF VEC. WERE FINDINGS CONSIDERED  |  |  |  |  |  |  |  |  |  |
| WAS PERFORMED   | NO 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?                 |  |  |  |  |  |  |  |  |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, farm, loctory, street, a etc.)   | n or about 21C. WHERE DID (If in Baltimare City, give exact lacation) ffice bldg., INJURY OCCUR?                   |  |  |  |  |  |  |  |  |  |
| 21D TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED   | 21F. HOW DID INJURY OCCUR?   |  |  |  |  |  |  |  |  |  |
| OF INJURY (APPROX.) WHILE AT NOT Y  |  |  |  |  |  |  |  |  |  |  |
| m. WORK AT WORK   |  |  |  |  |  |  |  |  |  |  |
| I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion   |  |  |  |  |  |  |  |  |  |  |
| resulted from: Notural couses X Accident Suicide Homicide Undetermined monner   |  |  |  |  |  |  |  |  |  |  |
| 110   |  |  |  |  |  |  |  |  |  |  |
| SIGNATURE   LICENS LA   |  |  |  |  |  |  |  |  |  |  |
| EXAMINER'S Werner U. Spitz, M.D.  | ASSOCIATE MEDICAL EXAMINER 9/14/67   |  |  |  |  |  |  |  |  |  |
| NAME (Type)   |  |  |  |  |  |  |  |  |  |  |
| 23A. BURIAL CREMATION, 23B. DATE 23 . NAME of CEMETERY of REMOVAL (Specily)   | CREMATORY 23D. LOCATION (City, town, or county) (State)  |  |  |  |  |  |  |  |  |  |
| Bureal 9/18/67 Yendon 4   | orthicem. 7801 Hederich Street   |  |  |  |  |  |  |  |  |  |
| 24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR  | 24C. FUNERAL DIRECTOR ADDRESS  |  |  |  |  |  |  |  |  |  |
| SEP 15 1967 Poloub E, Jankeyma  | John J. Cowan for Ine Stollins   |  |  |  |  |  |  |  |  |  |
| VS 151-REV. 1/1/65  | 786 10 27 ml.  |  |  |  |  |  |  |  |  |  |



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IMPORTANT

FUNERAL DIRECTOR:

LINION NEWGRIAL HASPITAL

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(TITIT)

EARL V. DELGAITADO

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TI I SP LL JAP LL

PIRIAL SEPTIME SHORE HEART BANTO LINEAR SHOWER SHOW

67 8829 BALTIMORE CITY HEALTH DEPARTMENT

| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH Registered No |
|---------|------------|-------------|----|---------------------|

| BIRTH NO. MEDICAL EXAMINER'S C   | CERTIFICATE OF DEATH Registered No. 67 8829   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| M.E. CASE NO.  |   |  |  |  |  |  |  |
| 1. NAME OF DECEASED (Type or Print)  | 2. DATE AND HOUR PRONOUNCED DEAD  |  |  |  |  |  |  |
| EDWARD T. MACIJCZYK-MA   | RGIEJCZYK September 11, 1967 4:45 P. M.   |  |  |  |  |  |  |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD   | A. STATE  Maryland  A. STATE  B. COUNTY  B. COUNTY  |  |  |  |  |  |  |
| FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)   | C. CITY OR TOWN (II outside corporate limits, write RURAL and give township)  Baltimore                   |  |  |  |  |  |  |
| / Baltimore City Hospital  | D. STREET ADDRESS (If rural, give location)   |  |  |  |  |  |  |
|  | 201 Antietam Road   |  |  |  |  |  |  |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Male White MARRIED   | B. DATE OF BIRTH  9. AGE (In years lost birthday)  MAY, 15-1934  9. AGE (In years Months, Days Hours Min. |  |  |  |  |  |  |
| 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)  ALCO/AC CHFM. CE.   | WHAT COUNTRY?   |  |  |  |  |  |  |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  |  |  |  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown), (If yes, give war ar dates of service)  SECURITY NO.                             | 17. INFORMANT ADDRESS A ME AS   |  |  |  |  |  |  |
| - 235-52-2670  | EDNA MACIEUCZYK, ABOUE  |  |  |  |  |  |  |
| 18. 5 8/5 fi CAUSE   | E OF DEATH INTERVAL BETWEEN ONSET AND DEATH   |  |  |  |  |  |  |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Mult  |   |  |  |  |  |  |  |
| (A).  (This does not meon the mode al dying, e.g., heart loilure, asthenia, etc. It means the disease, injury or complication which coused death.) | tiple Injuries  |  |  |  |  |  |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)                                     |   |  |  |  |  |  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.                                     |   |  |  |  |  |  |  |
|  | Yes Yes Or No) 208. If Yes, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes                   |  |  |  |  |  |  |
| UTING CAUSE OF DEATH. etc.) Street   | office bldg., INJURY OCCUR?  Eastern Blvd. & Riverside Road   |  |  |  |  |  |  |
| 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 9/6/67 4:35 P. WHILE AT WORK NOT WORK  | WHILEX motorcycle - struck another car.   |  |  |  |  |  |  |
| 22. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion  |   |  |  |  |  |  |  |
| resulted from: Notural couses Accident X Suicide Homicide Undetermined manner  |   |  |  |  |  |  |  |
| ACTUAL MUSIC IN SIL  | CHIEF MEDICAL EXAMINER   DATE SIGNED  ASSISTANT MEDICAL EXAMINER X  |  |  |  |  |  |  |
| EXAMINER'S Werner U. Spitz, M.B.   | ASSOCIATE MEDICAL EXAMINER 9/12/67  |  |  |  |  |  |  |
| 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of REMOVAL (Specify)  | or CREMATORY 23D. LOCATION (City, town, or county) (State)  |  |  |  |  |  |  |
| BURIAL SEPT. 15, 67 GARDENS U  | OF FAITH BALTO, MD, 124C. FUNERAL DIRECTOR ADDRESS  |  |  |  |  |  |  |
| SEP 15 1967 Robert E. Farkey MA  | John & Connelly Sons. 300 mace dol  |  |  |  |  |  |  |
| VS 151-REV. 1/1/65 N 8 69 2 9 6 1 0  | 010 8 1 9 1 21  |  |  |  |  |  |  |

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BEASING I

MARRIED MAY, 15-M3# MECHANIC ALCONG CHICH, CO. POLAND BENEDICT MACIENCZYK AKNA ?

235-32-3670 EDNA PARCIEUCZYK

en an or blocked

BURIAL SEPTAGED GARDENS OF FAITH BALTE.

John DEmally Son Dieman Co

and

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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/

SEET 12, 1967 MIRKETT SEET 12, 1967 MIRESA XXXX 47.0 The transfer of the state of the state of Charles C. Harrison THE FIXER X 

The state of the s

|             | NAME OF DEC  | onaszewski   | BONASZ   | ZEWSKI  | 211                                    | 2. DATE AN  | 13-67 at                                | 3 pm.  |
|-------------|--|--|--|---|--|---|---|--|
| 3.          | PLACE OF DE  | ATH IN BALTIMORE, M.   | ARYLAND  |   | 4. USUAL<br>A. STATE                   | RESIDENCE (When   | e deceosed lived. Il i                  | nstitution: residence before odmission)                                    |
|             | FULL NAME C  | OF (If not in hospital   | or institution,  | give street   |  | MARYLH  |   |  |
|             | HOSPITAL OR  | oddress or locotic   | on)  |   | C. CITY OF                             |   |   | RURAL ond give township)   |
| (           | PHURCH   | HOME AND   | HOS PIT  | TAL   | D. STREET                              | BALTIM<br>ADDRESS (III  | rurol, give location)                   | 40)  |
|             | C 0/ 0 1 1 5 1 .   |  |  |   | 1625 5                                 | have spe  | are street                              | # 31 3/26-   |
| 5.          | SEX  | 6. RACE  |  | NEVER MARRIED<br>D, DIVORCED (specify)  | 8. DATE OF                             | BIRTH   | 9. AGE (In years 7)                     | If Under 1 Yr. If Under 24 Hrs.<br>Months: Doys Hours Min.                 |
|             | m  | W  |  | Widowed   | 8-1                                    | 0-1897  | 7/                                      |  |
|             |  | UPATION (Give kind of wo working lile, even if retired)  |  | BUSINESS OR INDUSTRY  | 11. BIRTHPL                            | A CE (Stote or forei  | gn country)                             | 12. CITIZEN OF WHAT COUNTRY?   |
|             |  | En Laborer   |  | Packing   |  | POLAN   | D                                       | U.S.A.   |
| 13          | FATHER'S NA  | ME John Bon  |  |   |  | R'S MAIDEN NAM  | ME                                      |  |
|             | J.04   | N BODAS  | COMSK  |   |  | nknown  | guin                                    |  |
| 15<br>(Y    | Wos Deceased   | Ever in U. S. Armed Fo   | orces?<br>tes of service)  | 16. SOCIAL 6856   | 17. INFORM                             | ANT   |   | 3816 BROOKLY   |
|             | No   | 166  |  | 21316-6865  |  |   | NBERGER                                 | JOIN MICHELY,  |
|             | 18. 156  | 5,/ 1  |  | CAUSE O   |  |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
|             | DISEA  | SE OR CONDITION D  |  |   | -01                                    |   |   |  |
|             | (This does   | nal mean the made o  |  | (A) //  | PATIC                                  | COMA  | *************************************** |  |
|             | heart failure,   | asthenia, etc. It mean   | s the disease,   |   |  |   |   |  |
|             |  | ANTECEDENT CAUSE   |  | (B) C   | +12civa                                | MA OF   | CIVER                                   |  |
|             | DISEASES   | OR CONDITIONS, if  | any, giving  | DUE TO  |  |   |   |  |
|             |  | e abave cause (A) G CONDITION last.  | stoling the  | (C)   |  |   |   | 000 0 000 00 00 00 00 00 00 00 00 00 00                                    |
|             | OTTOERENT  | 11   | _  |   |  |   |   |  |
| ATION       | OTHER SIGN<br>TO THE C   | IFICANT CONDITIONS DEATH BUT NOT REL CONDITION CAUSING   | ATED TO TH   |   |  |   |   |  |
| LOISI       | 19A. DATE OF   | F OPERATION 198 CO   |  | WHICH OPERATION   |  |   | 10 DE TENTE                             | FINDINGS CONSIDERED  |
| - 5-        | 21   |  |  |   |  | YES   |   |  |
| 103         | OR CONTRIB   | INT WAS UNDERLYING (<br>UTING CAUSE OF<br>y medical examine)   | hon<br>etc.  | PLACE OF INJURY (e.g., in<br>ne. form, foctory, street, of<br>)   | fice bldg., IN                         | JURY OCCUR?   | tii in Bolfimo                          | re City, give exact location)  |
| AI CEPTIEIC |  | (Month) (Doy) (Yeor  |  | . INJURY OCCURRED   | 21                                     | F. HOW DID INJ  | URY OCCUR?                              |  |
| IVU         | ,  |  |  |   |  |   |   |  |
| -           | 21 D. TIME<br>OF INJURY  |  | Wh   | ile At Not Whil   | e                                      |   |   |  |
| 140         | 21 D. TIME<br>OF INJURY<br>(APPROX.)   |  | Wo   | rk  |  |   | 10.6.7                                  | 2 12   |
| 140         | 21 D. TIME<br>OF INJURY<br>(APPROX.)   | that (1) (this hospita   | al) attended t   | he deceased from  | 7 - 8                                  |   |   | 9 - / 3 1967   |
| 140         | 21 D. TIME<br>OF INJURY<br>(APPROX.)<br>22. I certify<br>that (I) (we)   | that (1) (this hospite)  | al) attended t   | he deceased from  | 2 - 8                                  | 7 ond the   |   | 2 — 13 — 1967<br>Union death occurred on the dot                           |
| 140         | 21D. TIME<br>OF INJURY<br>(APPROX.)<br>22. I certify<br>that (I) (we)<br>and hour on   | that (1) (this hospite) lost sow the deceased from the couses sta  | al) attended t   | he deceased from  | 2 - 8                                  | 7 ond the   |   | Inion death occurred on the dot  |
| 14          | 21D. TIME<br>OF INJURY<br>(APPROX.)<br>22. I certify<br>that (I) (we)<br>and hour on<br>23A. SIGNATI                                 | that (1) (this hospite) lost sow the deceased from the couses sta  | al) attended to  | he deceased from  | 7 - 8<br>19 &                          | Ond the   | ot In(my) (our) op                      | 23B, DATE SIGNED   |
| IVU         | 21D. TIME<br>OF INJURY<br>(APPROX.)<br>22. I certify<br>that (I) (we)<br>and hour on<br>23A. SIGNATI                                 | that (1) (this hospital) lost sow the deceased from the couses stature   | al) attended t   | he deceased from  | 7 - 8<br>19 £<br>lew the bo            | ond the   | of In(my) (our) op  Stoff Phys.         | 23B, DATE SIGNED  9-13-67  |
| 140         | 21D. TIME<br>OF INJURY<br>(APPROX.)<br>22. I certify<br>that (I) (we)<br>and hour on<br>23A. SIGNATU                                 | that (1) (this hospite) lost sow the deceased from the couses statute  THE THE TOTAL 2 - 1  ANS Type:  | wo<br>al) attended t<br>sed olive on<br>ated obave. (  | he deceased from 9 - 13  I) (We) (dld) (dld not) when Alter Phy   | 2 - 8  lew the bo  anding   23D. ADDRE | Ond the death.  Med. Director   | Stoff Phys. Host                        | 23B, DATE SIGNED 9-13-67   |
| 14 010344   | 21D. TIME<br>OF INJURY<br>(APPROX.)  22. I certify<br>that (I) (we)<br>and hour on<br>23A. SIGNATI                                   | that (1) (this hospite) lost sow the deceased from the couses statute  TAZOZ Z - L  ANS Type)  7 BAZON Z   | wood) attended to sed olive on attended obave. (  lengare                                    | Al Work he deceased from  9 - 1 3  I) (We) (dld) (did not) v  M.D. Attr Phy  SARA M.D.                        | 19 6.  lew the bo  inding   33D. ADDRE | Ond the death.  Med. Director  SS CH HOM  D. BROKD                          | Stoff W HOST                            | 23B, DATE SIGNED  9-13-67  |
| 24          | 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour on 23A. SIGNATU 23C. PHYSICIA NAME (I) A. BURIAL CRE REMOVAL     | that (1) (this hospite) lost sow the deceased from the couses stated that the couses stated the couses stated that the couses stated the couse | wo wo will attended to sed olive on attended bave. (  /erganc  Z - VERC                      | Al Work he deceased from  9 - / 3  I) (We) (dld) (did not) v  M.D. Atte Phy  AME of CEMETERY of CRI           | 19 6.  lew the bo  inding  33D. ADDRE  | Ond the dy ofter deoth.  Med. Director  SS CH HOM  N. BROKD  24D. Lo        | Stoff Phys. W                           | 23B. DATE SIGNED  9-13-67  PIAC MORE MD.  (Stote)                          |
| 24          | 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour on 23A. SIGNATU  23C. PHYSICIA NAME (A NAME (A) REMOVAL (B Urial | thot (1) (this hospite) lost sow the deceosed from the couses stours  URE  TAZON 2-1  AN'S Type)  PAZON Z  EMATION, 248, DATE (Specify)  9/16/   | Vergare  2 - VERG  24C.N  67 HO  | Al Work he deceased from  9 - 13  I) (We) (did) (did not) v  M.D. Atta Phy  SARA M.D.  AME of CEMETERY of CRI | 19 £                                   | Ond the day ofter deoth.  Med. Director   SS CH HOM  D. BROKO  240. LC  Bal | Stoff W Phys. W CE & HOST               | 23B. DATE SIGNED  9-13-67  PAC MORE M.D.  ENXXXX county) (Stote)  Maryland |
| TA CICERA   | 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour on 23A. SIGNATU  23C. PHYSICIA NAME (A NAME (A) REMOVAL (B Urial | that (1) (this hospite) lost sow the deceased from the couses stated that the couses stated the couses stated that the couses stated the couse | voil) attended to sed olive on  oted obave. (  lengare  2 - VERO  24C.N  67 Holl  1258, NAME | Al Work he deceased from  9 - / 3  I) (We) (dld) (did not) v  M.D. Atte Phy  AME of CEMETERY of CRI           | 19 £                                   | Ond the day ofter deoth.  Med. Director   SS CH HOM  D. BROKO  240. LC  Bal | Stoff W Phys. W CE & HOST               | 23B. DATE SIGNED  9-13-67  PIAC MORE MD.  (Stote)                          |

17378 TELL MARINE BLORIEW BERGERS SURECE STREET,

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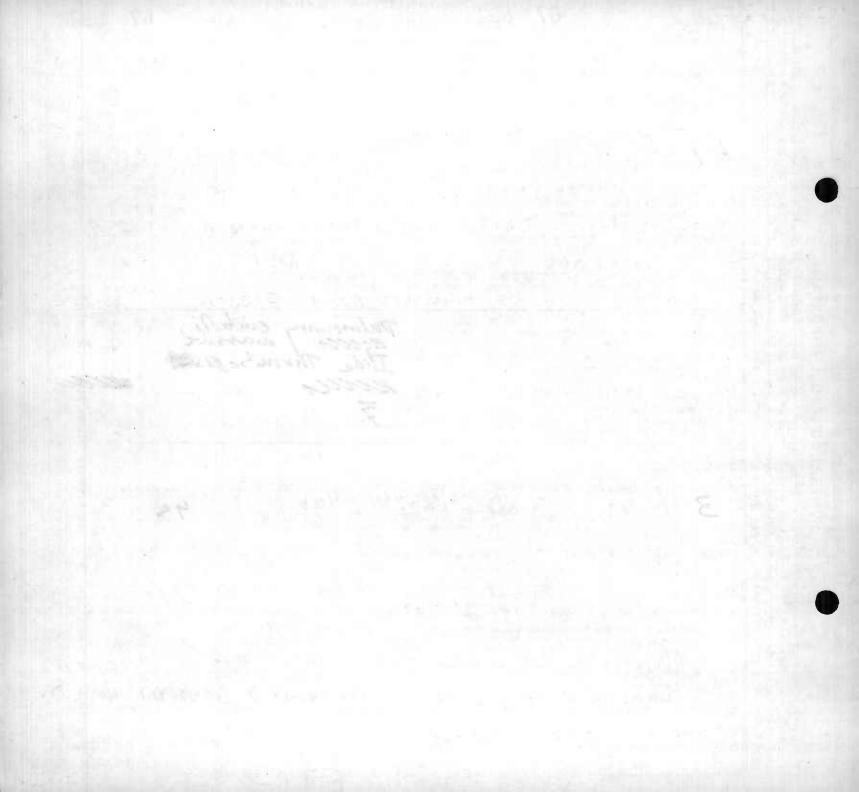
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## 67 8832 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8832

| M.E. CASE NO.  |   |                                       |                |   |                     |   |                       |  |
|--|---|---------------------------------------|----------------|---|---------------------|---|-----------------------|--|
| 1. NAME OF DECEASED  |   |                                       |                |   |                     | HOUR PRONOUNCE                            |                       | 2.50 4   |
| JOAN   |   | DAI                                   | Æ              |   | Septe               | mber 11, 19                               | 6/                    | 2:50 A. <sub>M.</sub>                          |
|  |   | HERE PRONOUNCED DEAD                  |                | Pennsyl                                     |                     | eceased lived. If insti<br>B. COU         | Wuze:                 | dence before admission)<br>TNC                 |
| FULL NAME OF (IF   | DORESS OR LOCA  | AL OR INSTITUTION, GIVE S             | STREET         |   |                     | corporate limits, write                   | RURAL or              | nd give township)                              |
| INSTITUTION  | DDRESS OR LOCA  |                                       |                | Hudson V-35                                 |                     |   |                       |  |
| Baltimore City Hospitals   |   |                                       |                | D. STREET ADDRESS (If rural, give location) |                     |   |                       |  |
| -/   |   |                                       |                | 40 Cen                                      | ter Str             | eet                                       |                       |  |
| 5. SEX 6. RAC  | CE  | 7. MARRIED, NEVER MARR                |                | DATE OF BIRTH                               |                     | 9. AGE (In years lost birthday)           |                       | 1 Yr. If Under 24 Hrs.                         |
| Female White Separated   |   |                                       |                | 5-27-                                       | 1939                | 28  | 3                     | 15 Hours Min.                                  |
|  |   | k TOB. KIND OF BUSINESS OF            |                | . BIRTHPLACE (S                             | State or foreign    | country)                                  | 12. CITIZI            | EN OF  |
| done during most of working  | lite, even if retired)                                  |                                       |                |   | nna.                |   | WHA                   | T COUNTRY?                                     |
| 13. FATHER'S NAME  |   |                                       |                | . MOTHER'S MA                               |                     |   |                       |  |
|  | E1mer   | Talmadge. (P                          | a.)            | Ste1  | la Fea              | rthoff (                                  | Pa.)                  |  |
| 15. WAS DECEASED EVE   |   |                                       |                | . INFORMANT                                 |                     |   | ADDRESS               |  |
| (Yes, no or unknown) (If yes                                       | , give war or date                                      | es of service) SECURITY               | NO.            | John  | Talmad              | ge 11 Tin                                 | ker                   | Rd   |
| UNK  |   |                                       |                |   |                     | Balto 20                                  |                       |  |
| 18.  | set.  |                                       | CAUSE          | F DEATH                                     |                     |   | 7                     | INTERVAL BETWEEN ONSET AND DEATH               |
| DISEASE OR   | CONDITION D   | RECTLY                                |                |   |                     |   |                       | ONSET AND DEATH                                |
| LEAD   | ING TO DEATH  | (4)                                   | Multi          | ple Inju                                    | ries                |   |                       |  |
| (This does not me<br>heart failure, asther<br>injury or complicati | on the mode of<br>nio, etc. It meons<br>on which coused | dying, e.g., DUE the disease, death.) | TO             |   |                     | 90 00 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |                       | · O this · · · · · · · · · · · · · · · · · · · |
| ANITEC   | EDENT - CALLCE  | c                                     |                |   |                     |   |                       |  |
| DISEASES OR CO   | EDENT CAUSE   | (B)                                   | E TO           |   |                     |   |                       |  |
| RISE TO THE ABO  | VE CAUSE (A) S  | TATING THE                            | 2 10           |   |                     |   |                       |  |
| UNDERLYING CONDITION LAST.   |   |                                       |                |   |                     |   |                       |  |
| <u>ō</u>   |   |                                       |                |   |                     |   |                       |  |
| OTHER SIGNIFICATO THE DEATH DISEASE OR CON                         | NT CONDITIONS   |                                       |                |   |                     |   |                       |  |
| DISEASE OR CON   |   |                                       |                | 00-00010                                    | ******************* |   |                       |  |
|  | ATION 198, CON<br>WAS PER                               | IDITION FOR WHICH OPERA               | ATION          | 20A. AUTOPSY?                               | - 1                 | OB, IF YES, WERE FIN<br>N CERTIFYING CAUS |                       |  |
| 21A. EXTERNAL CAU  | SE WAS  | 218. PLACE OF IN.                     | JURY (e.g., in | or obout 21 C. W                            | HERE DID (          | in Boltimore City, giv                    | e exoct la            | ication)                                       |
| UNDERLYING OR C  | ONTRIB-   | home, form, foctor                    |                | e bldg., INJURY                             | OCCUR?              | Earles Roa                                | ad - 3                | 696 Ft. N.                                     |
| 3  |   |                                       | reet           |   |                     | n Avenue                                  |                       | 53-00  |
| OF INJURY  | th) (Doy) (Yea  | n) (Hour) 21E. INJURY O               |                | 21 F. HO                                    | M DID INJU          | RY OCCUR? Subj.                           | pass                  | enger in car                                   |
| (ADDROV)   | 11/67 1   | 2:08 A WHILE AT                       | NOT WE         | ILE X ran                                   | off ro              | ad and turn                               | reg on                | er.  |
| 22.<br>I certify th  | at I held an  |                                       |                |   | that an this        | basis, death in m                         | y apinior             | n  |
| resulted from  | am: Natural ca  | uses Accident X                       | Suicide        | Hamleid                                     | le U                | ndetermined manne                         | er 🗌                  |  |
|  | 1   |                                       |                |   |                     |   |                       |  |
| ACTUAL SIGNATURE WEDICAL EXAMINER XX                               |   |                                       |                |   |                     |   | DATE SIGNED           |  |
| SIGNATURE_   |   |                                       |                | SSISTANT ME                                 | DICAL EX            | AMINER MA                                 |                       | 0/11/67  |
| EXAMINER'S<br>NAME (Type)  | Werner  | U. Spitz, M.D.                        | > A            | SSOCIATE ME                                 | EDICAL EX           | AMINER                                    |                       | 9/11/67  |
| 23A. BURIAL CREMATIO   | N, 238. DATE  | 23C NAME of C                         | EMETERY or     | CREMATORY                                   | 23D. LO             | CATION (City,                             | town, or c            | county) (Stote)                                |
| Removal &  | Sept  | 14,67 Map1                            | e Hill         | Cemete                                      | ry Har              | over Town                                 | ship                  | Pa.  |
| 24A. DATE REC'D BY HE  |   | 24B, NAME OF REGISTRAF                |                | 24C. FUNERA                                 |                     |   |                       | DDRESS   |
| SEP  |   | Reb E, Fall                           | ey.M.A         | John  | G. Co               | nne11y <sub>Ess</sub>                     | ns<br>se <sub>x</sub> | Md.  |
| VS 151-REV. 1/1/65   | h/ 0-1  | 1957                                  | 0              | 8 8   | -5-0                |   |                       |  |

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| BIRTH NO.   | K.34  | TE OF DEATH   | Registered No                               | 67 8834                          |  |  |
|---|---|---|---|----------------------------------|--|--|
| M.E. CASE NO.  1. NAME OF DECEASED  (Type of MONKS FREDER   | RICK N.(  | Monks ) 2. DATE AN                                    | T. 13 1967                                  | 3:55A                            |  |  |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospitol or institut HOSPITAL OR oddress or locotion)   | 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)   |   |   |                                  |  |  |
| O CATON & WILKENS BALTO 21229 MD  | BALT I MORE  D. STREET ADDRESS (If rurol, give location)  4406 ADELLE TERRACE           |   |   |                                  |  |  |
| MALE WHITE 7. MARE  | B. DATE OF BIRTH  9. AGE (In yeors II Under 1 Tr. If Under 24 H. Months Doys Hours Min. |   |   |                                  |  |  |
| 10A, USUAL OCCUPATION (Give kind of work 108, KIND done durin FOREMAN (e. even if retired)  | NSOLIDATED EN   |   | gn country)                                 | 12. CITIZEN OF                   |  |  |
| FREDERICK N.Monks   | 14. MOTHER'S MAIDEN NAME UNKNOWN  | therine Jones   |   |                                  |  |  |
| 5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (III yes, give wor or dotes of servi  | 2 17-09-103   | TO INFORMANT  ST AGNES A                              | DMISSION SL                                 | ADDRESS<br>1P                    |  |  |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  | CAUSE O   |   | , dear and                                  | INTERVAL BETWEEN ONSET AND DEATH |  |  |
| (A) Shoch (Cardrage) 2 Y H)  (This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (A) Shoch (Cardrage) 2 Y H)  (A) DUE TO  (B) DUE TO |   |   |   |                                  |  |  |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, gives to the obove couse (A) stoling UNDERLYING CONDITION lost.  | ving  |   |   |                                  |  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |   |   |   |                                  |  |  |
| 19A. DATE OF OPERATION 19B. CONDITION F<br>WAS PERFORMED  | OR WHICH OPERATION  | 20 A. AUTOPSY? (Yes or No                             | 208. IF YES, WERE FIN<br>IN CERTIFYING CAUS | IDINGS CONSIDERED ES OF DEATH?   |  |  |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  | 21B. PLACE OF INJURY (e.g., in home, lorm, loctory, street, ol etc.)                    | n or oldout 21 C. WHERE DID fice bing., INJURY OCCUR? | (II in Bollimore C                          | City, give exact location)       |  |  |
| 21D. TIME (Month) (Day) (Teor) (Hour) (APPROX.)   | 21 E. INJURY OCCURRED  While At Not While Work  Not Work                                | 21F. HOW DID INJ                                      | URT OCCUR?                                  | A DEFE                           |  |  |
| 22. I certify that X) (this hospital) attended the deceased from SEPT. 9 1967 to SEPT 13 1967, tho XXX (we) lost sow the deceased alive an SEPT. 13 1967 and that In(mX) (aur) apinion death accurred on the date                                 |   |   |   |                                  |  |  |
| and hour and from the causes stated above. (We) (did) (did (did (did (did (did (did (d  |   |   |   |                                  |  |  |
| 23C. PHTSICIAN'S NAME (1798)  | DBAHRM.D.   | 23D. ADDRESS  | yne An                                      | 2                                |  |  |
| Burial Sept.16, 196   |   | m. Bal  | to. Md.                                     | 0                                |  |  |
| SEP 1 5 1967 (P. C.   | ME OF REGISTRAR   | G. Truman Sch   |   | arick Ave. Balto.                |  |  |

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ANGO WHITE DIVISION DESCRIPTION OF STANDARD STANDS

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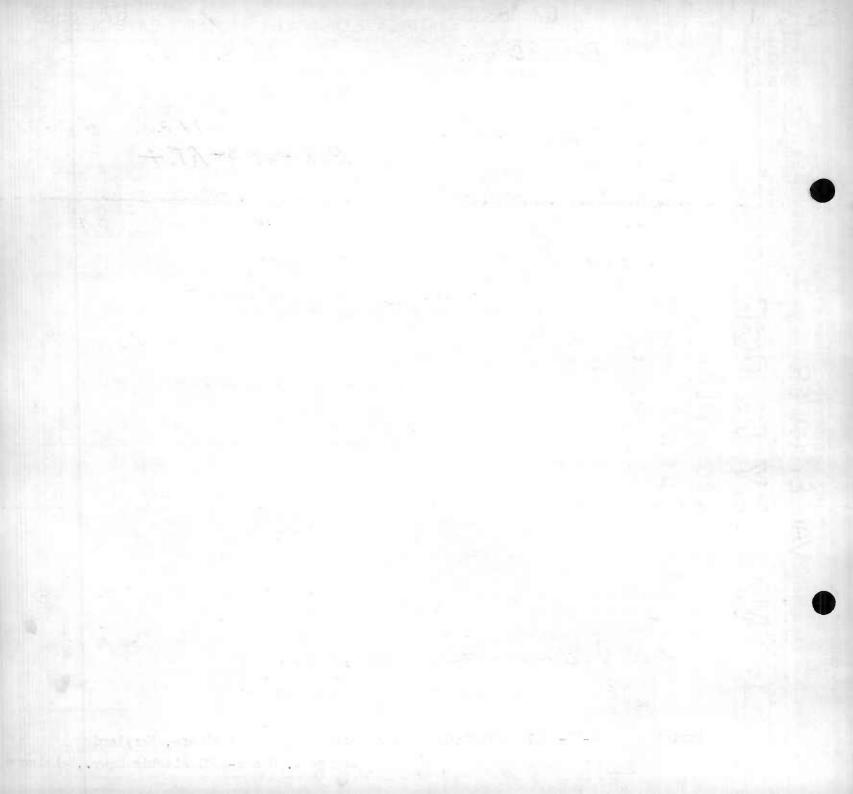
Homes C. Butter

THINMS C. BUTLER

601 N. Brondway

| BIRTH NO.  | 1 775.5.1  | ATE OF DEATH Regist                             | ered No. 67 8837                                       |
|--|--|---|--|
| M.E. CASE NO.  1. NAME OF DECEASED   |  | 2. DATE AND HOUR C                              | DF DEATH   |
| 3. PLACE OF DEATH IN BALTIMORE, MA   | ONOVICH  | 4. USUAL RESIDENCE (Whole deceased              | lived. If institution: residence before admission)     |
| HOSPITAL OR oddress or location  | or institution, give street  | MARYLAND  | nits, write RURAL and give township)                   |
| Lamaryland (   | General  | BALTIMORE  D. STREET ADDRESS (If rurol, give to | 7-01   |
|  |  | 2905 MCE  | IDERY St   |
| 5. SEX 6. RACE FEMALE CAUCASIAN  | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)                | B. DATE OF BIRTH 9. AGE (In lost birthdoy       | years   If Under 1 Yr If Under 24 Hrs.                 |
| TEMALE (AUCASIAN tOX, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   | 108. KIND OF BUSINESS OR INDUSTR                                     |   | 12. CITIZEN OF WHAT COUNTRY?                           |
| Now & Housewife  |  | PENNSYlVANIA                                    | U.S.A.   |
| 13. FATHER'S NAME  |  | 14. MOTHER'S MAIDEN NAME                        |  |
| 15. Was Deceased Ever in U. S. Armed For<br>(Yes, no ar unknown) (If yes, give war ar date   | s of service) 1 6. SOCIAL<br>SECURITY NO.                            | 17. INFORMANT<br>Katherine Krejci               | ADDRESS  |
| 118, 1201 1 21   |  | DANGHTER  | 616 RAISON AUE   |
| heal failure, asthenia, etc. It means injury ar camplication which coused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. | death.)  (B)  DUE TO   | SCUP  | INFARCT 6 MONTHS                                       |
| OTHER SIGNIFICANT CONDITIONS CONTINUES OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING I  |  | befor Mellitus                                  |  |
| 19A. DATE OF OPERATION 19B. CON WAS PERI   | FORMED   | 20A. AUTOPSY? (Yes of No. 20B, IF Y             | ES, WERE FINDINGS CONSIDERED<br>FYING CAUSES OF DEATH? |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  | 21B. PLACE OF INJURY (e.g.,<br>home, form, foctory, street,<br>etc.) | in or about 21 C. WHERE DID (If iffice bidg.,   | in Boltimore City, give exact location)                |
| ZI D. TIME (Month) (Doy) (Yeo) OF INJURY (APPROX.)   | (Hour) 21E, INJURY OCCURRED  While At Not Who                        | 21F. HOW DID INJURY OCCU                        | R?   |
|  | d alive on 7/11  | 19 7 ond that in(my)                            | o  |
| and hour ond from the couses state  23A. SIGNATURE  Charles C.   | 201  | ending Med. Stoff                               | 23B. DATE SIGNED  9/12/67                              |
| 23G-PHTSICIAN'S<br>NAME (Type)   | м.о  | 23D. ADDRESS                                    |  |
| 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 9/15/   | 67 Oak Lawn Ceme   |   | (City, town, or county) (State)                        |
| 25A. DATE REC'D BY HEALTH DEPT. SEP 15 1967  | 25B. NAME OF REGISTRAR   | Schimunek Funera<br>3331 Brehms La              | al Home, Inc.  |
| VS 150-REV. 1/1/65   | 7070   | 8 0 5   | NA A. Nu   |

Marie B. Barbaran Comme The state of the s CARTON CARROLL ZIPART Person serving of the Party of the Party



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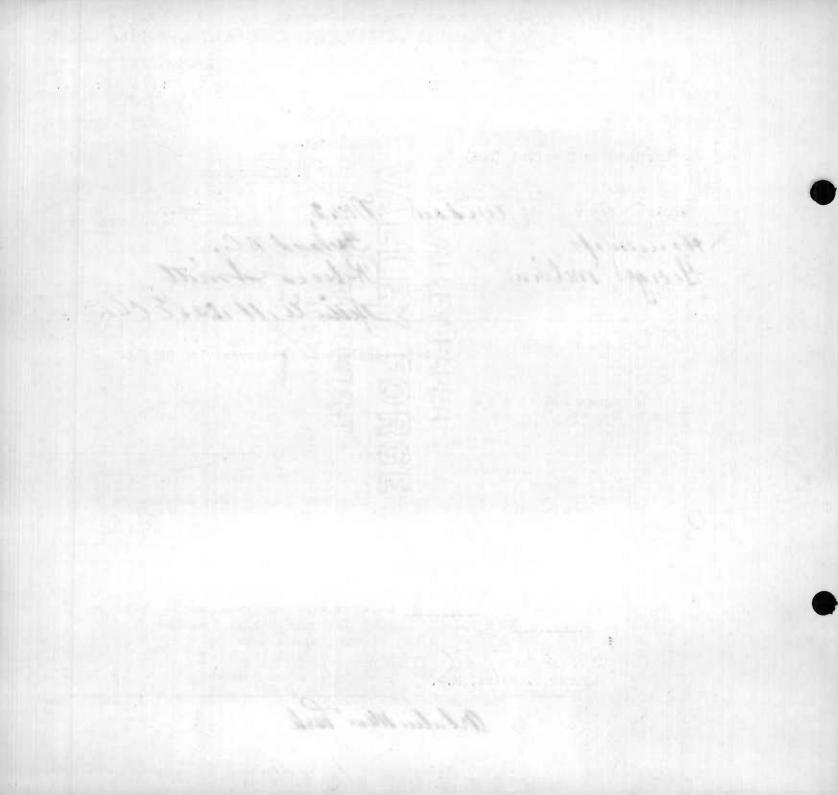
| 1.5     | n-200   |  | TE OF DEATH Register  | 67. 8843   |
|---------|---|--|---|--|
| M.E     | H NO. 67  | 8843 CERTIFICA   | ATE OF DEATH REGISTER   | a No.  |
| N       | AME OF DECEASED   | 10   | 2. DATE AND HOUR OF   | 1.01   |
|         | (ecelia L   |  | Tex ) 9-13-6  |  |
| . 1     | PLACE OF DEATH IN BALTIMORE, MARY   | LAND   | 4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY    | ed. If institution; residence before odmiss            |
|         | FULL NAME OF (If not in hospital or oddress or location)                                | institution, give street                                 | Maryland  | X  |
| N       | STITUTION Baltimore City  | Hospitals  |   | , write RURAN and give township)                       |
|         | > / 4940 Eastern A  |  | D. STREET ADDRESS (If rurol, give local                       | tion)  |
| -       | Baltimore, Mary   | land 21224   | 26 South Exeter Stre  |  |
| 5. S    |   | MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)       | B. DATE OF BIRTH 9. AGE (In ye lost birthdoy)                 | ors If Under 1 Yr. If Under 24<br>Months Doys Hours Mi |
|         | emale Negro   | Separated  | 1-30-45   | 22   |
|         | . USUAL OCCUPATION (Give kind of work 10 eduring most of working life, even if retired) | B. KIND OF BUSINESS OR INDUSTR                           | 11. BIRTHPLACE (State or foreign country)                     | 12. CITIZEN OF WHAT COUNTRY?                           |
|         |   |  | Maryland  | U.S.A.   |
| 3.      | FATHER'S NAME   |  | 14. MOTHER'S MAIDEN NAME                                      |  |
|         |   | Leroy Butler   | Elizabeth Rus   | Viola  |
| 15. V   | Was Deceased Ever in U. S. Armed Forces   | of service) 16. SOCIAL<br>SECURITY NO.                   | 17. INFORMANT   | ADDRESS  |
| ,       | , give wor or doles   | Seconiii No.   | Records: BCN-4940 Easte                                       | rn Avenue 21224  |
|         | 18. 44 X I  | CAUSE  | DF DEATH  | INTERVAL BETWEEN                                       |
|         | DISEASE OF CONDITION DIREC  | CTLY   | · · · · · ·   | ONSET AND DEATH  |
|         | LEADING TO DEATH  | (A)  | archae Arust  | 2 hrs  |
|         | (This does not mean the mode of d<br>heart failure, asthenia, etc. It means th          | VIDG. e.g DUE IO   |   |  |
|         | injury or complication which coused de  | eolh,) (B) Aci   | ita Cor sulminel  | 2. 9 hrs   |
|         | ANTECEDENT CAUSES   | DUE TO   |   |  |
|         | rise to the obove couse (A) s   | toling the (C)   | ito Cor pulmonale<br>ulmonary emboli,                         | multiple 15 day  |
|         | UNDERLYING CONDITION Iosi.  |  |   | 1  |
| z       | OTHER SIGNIFICANT CONDITIONS COI  | NTRIRLITING  |   |  |
| ATION   | TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.                            |  |   |  |
|         |   | TION FOR WHICH OPERATION                                 | 20 A. AUTOPSY? (Yes or No) 20 B. IF YES                       | WERE FINDINGS CONSIDERED                               |
| ERTIFIC | 11  |  | Yes   | NG CAUSES OF DEATH?                                    |
| O       | 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF                                  | 218. PLACE OF INJURY (e.g., home, form, foctory, street, | in or obout 21C. WHERE DID (If in office bldg., INJURY OCCUR? | Boltimore City, give exact location)                   |
| ICAL    | DEATH (notify medical examiner)   | etc.)  |   |  |
| MEDI    | 21 D. TIME (Month) (Doy) (Year) OF INJURY   | (Hour) 21E. INJURY OCCURRED                              | 21F. HOW DID INJURY OCCUR?                                    |  |
| <       | (APPROX.)   | While At Not Wh  |   |  |
|         | 22. I certify that (I) (this hospital)  | ottended the deceased from                               | 1 / Dujant 239 6 7 to   | 5 pt /3 19 6   |
|         | that (1) (we) lost saw the deceased   | olive on Syx 13  | 19 6 7 ond that in (my) (c                                    | our) opinian deoth occurred on the                     |
|         | ond hour and from the causes stated   | d obave. (1) (We) (did) (did not)                        | view the body ofter death.                                    |  |
|         | 23A. SIGNATURE  | 1  |   | 23B, DATE SIGNED                                       |
|         | con townell   | M.D. At  | ys. Med. Stoff Phys. T  | 9-13-6   |
|         | 23C. PHYSICIAN'S<br>NAME (Type)   |  | 23D. ADDRESS  |  |
|         | M. Lowmille   | r M.D.   | 4940 Eastern Avenue, I  | altimore .Marvland                                     |
|         |   |  |   |  |
| 24A     | BURIAL CREMATION, 248, DATE   | 24C. NAME of CEMETERY of CI                              |   | (City, town, or county) (Sto                           |
|         |   | 7 Mt. Auburn   |   | (City, lown, or county) (Sta                           |
| ]       | BBBALL (Specify)  BBBALL  9/16/6  |  | REMATORY 24D. LOCATION Baltimo 25C. FUNERAL DIRECTOR          | re Maryland  ADDRESS                                   |
| ]       | BBBALL (Specify)  BBBALL  9/16/6  | 7 Mt.Auburn  | REMATORY 24D. LOCATION Baltimo 25C. FUNERAL DIRECTOR          | re Maryland  |

VS 150-REV. 1/1/65



## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N.67 8845

| M.E. CASE NO.  |   |
|--|---|
| 1. NAME OF DECEASED (Type at Print)  | 2. DATE AND HOUR PRONOUNCED DEAD  |
| LILLIE KITTRELL  | September 13, 1967   2:00 P. M.   |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD   | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland  COUNTY |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  | C. CITT OK IOWN (if duiside carparate limits, wite KOKAL and give township)                                     |
| Johns Hopkins Hospital (DOA)   | Baltimore  D. STREET ADDRESS (If rural, give lacation)  |
| 20   | 1669 N. Milton Avenue   |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORÇED(specily)  | 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min.                     |
| Female Negro Widaw   | 1/00,2,1888 78  |
| 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)                    | 11. SIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?   |
| 13. FATHER'S NAME  | 14 MOTHER'S MAIDEN NAME   |
| the wall molaries  | (Achier of and  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL  | 17. INFORMANT ADDRESS   |
| (Yes, na ar unknamen) (If yes, give war ar dates of service)   SECURITY NO.  | 1: 6./11 1 1/1/1/11   |
| W,   | Tille W/H 18287 Chase . 21  |
| 1B. CAUSE  | OF DEATH INTERVAL BETWEEN   |
| DISEASE OR CONDITION DIRECTLY  | ONSET AND DEATH   |
| LEADING TO DEATH Arteri  | osclerotic Cardiovascular Disease   |
| (This daes not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury ar complication which caused death.)     |   |
|  |   |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  (B)  DUE TO   |   |
| RISE TO THE ABOVE CAUSE (A) STATING THE  |   |
| UNDERLYING CONDITION LAST.   |   |
| 0  |   |
| OF TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED |   |
| DISEASE OR CONDITION CAUSING IT.   |   |
|  | 20A. AUTOPSY? (Yes at No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?                  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING □OR CONTRIB- UTING □ CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)          | in ar about 21C. WHERE DID (If in Baltimare City, give exact lacation) affice bldg., NJURY OCCUR?               |
| Z OLD THAT   | OLE HOW DID INTURY ORGING   |
| OF INJURY (APPROX.)  WHILE AT NOT  | 21F. HOW DID INJURY OCCUR?  |
| 22. I certify that I held an Inquiry Inspection X Aut  | tapsy and that on this basis, death in my opinian   |
| resulted fram: Natural causes X Accident Suicide   |   |
|  | CHIEF MEDICAL EXAMINER  |
| SIGNATURE ALCTUCE L. 7 TO M.D.   | ASSISTANT MEDICAL EXAMINER X  |
| EXAMINER'S Werner U. Spitz, M.D.   | ASSOCIATE MEDICAL EXAMINER 9/14/67  |
| 23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY O   | or CREMATORY 23D. LOCATION (City, town, or county) (State)  |
| 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR   | 24C. FUNERAL DIRECTOR ADDRESS   |
|  | Be of All to unand a.   |
| CED 1 5 1067 10 0 8 0 Fall us  | NULLI, CHEKEN 1/2711, Carrier   |
| VS 151-REV. 1/1/650 LT 4 1001 ULCOND   | 0/08/05   |



LUTHERAN HOSPITAL

BELTIHORE

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Massive RECTAL BARRDING

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LUTHERAN HOLPITAL

VS 151-REV. 1/1/65

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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54749 UNION MEMORIAL GOLP 2336 IVY AVE. Widow 3-17-89 78 med 4.5.9 A Commence of MARY COLOR Charles contains MISS NEWSKITTA CHOLL (Friend) WW NO OWN Control Vander Cittagle SCID = running 6 CENTRAGE S BK 9-9 9-10 70-01-8

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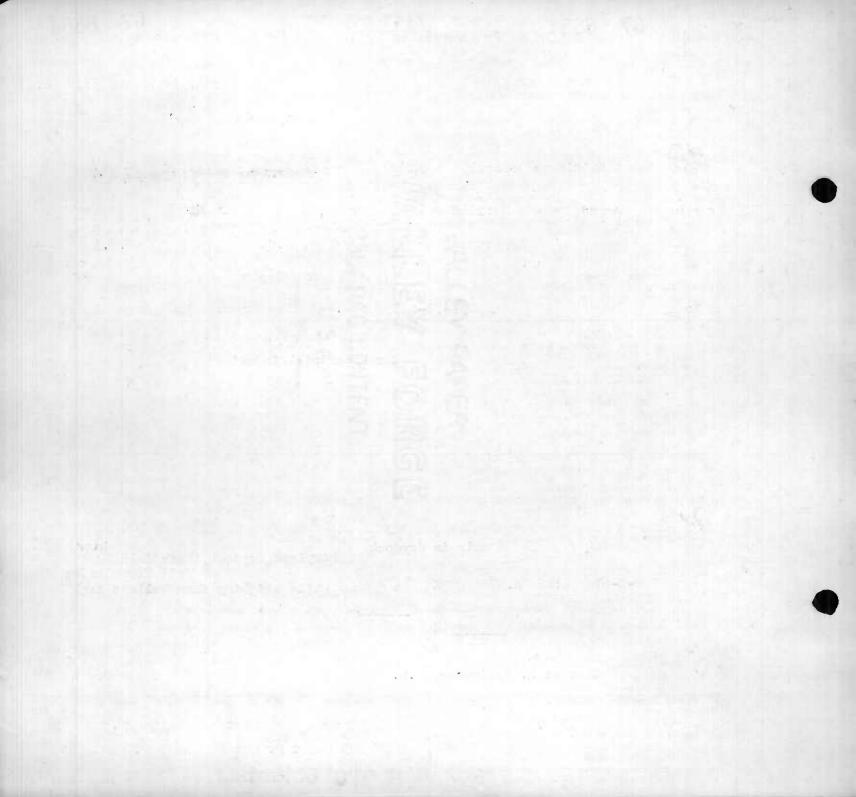
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| 8854        | BALTIMORE CITY HEALTH |
|-------------|-----------------------|
| (7(3), 1/4, |                       |

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DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Na.

| _                                   | E. CASE NO.       |   |                   |                                  |   |   |   |   |   |  |
|-------------------------------------|-------------------|---|-------------------|----------------------------------|---|---|---|---|---|--|
| I. NAME OF DECEASED (Type or Print) |                   |   |                   | 2. DATE AND HOUR PRONOUNCED DEAD |   |   |   |   |   |  |
|                                     |                   | LEE   | GREEN             |                                  |   |   | mber 8, 19                              |   | :14 A.M.  |  |
| 3.                                  | PLACE IN BAL      | TIMORE, MARYLAND  | , WHERE PRONOU    | NCED DEAD                        | 4. USUAL RESID                          | DENCE (Where d                          | eceosed lived. II ins<br>8. CO          | titution: residence                     | pofore odmission)                                 |  |
| FU                                  | LL NAME OF        | (IF NOT IN HOS  | PITAL OR INSTITU  | TION, GIVE STREET                | C CITY OR TO                            | Maryland                                |   |   | 1.  |  |
| IN:                                 | SPITAL OR         | ADDRESS OR LO   | OCATION)          |                                  | C. CITI OK 10                           |   | corporate limits, write                 | e KUKAL ond give                        | lo whiship)                                       |  |
|                                     | 43                |   |                   |                                  |   | Baltimor                                |   | 10-                                     | 0/  |  |
|                                     | 99 S              | outh Baltim   | ore Genera        | al (D <b>)</b> A)                |   | OO N. RO                                | sedale Str                              | reet                                    |   |  |
| 5.                                  | SEX               | 6. RACE   |                   | NEVER MARRIED                    | B. DATE OF BIRT                         | тн                                      | 9. AGE (In years lost birthday)         |   | II Under 24 Hrs.                                  |  |
|                                     | Male              | Negro   | 20.00             | orvorced(specify)                | Nov 26,                                 | 1934                                    | 32                                      | Months Doys                             | Hours Iviin.                                      |  |
|                                     | USUAL OCC         | UPATION (Give kind of   | work 108. KIND OF | BUSINESS OR INDUSTRY             |   |   |   | 12. CITIZEN OF                          |   |  |
| don                                 | le during most of | working life, even if retire  | N 10 70 800       | ydock Co                         | Tankson                                 | N C                                     |   | WHAT COU                                |   |  |
| 13.                                 | FATHER'S NA       |   | Più Di            | y dock. Co                       | Jackson                                 |   |   | U.S.A                                   |   |  |
|                                     | Mhaa              |   |                   |                                  | 75.                                     |   |   |   |   |  |
| 15.                                 |                   | nas Green<br>ED EVER IN U.S. ARA  | AED FORCES?       | 16, SO CIAL                      | 17. INFORMANT                           | ie Goods                                | 5                                       | ADDRESS                                 |   |  |
|                                     | s, no or unknow   | (If yes, give wor or  |                   | SECURITY NO.                     |   |   |   |   |   |  |
|                                     | No                |   |                   | 237-52-6259                      | Mrs. Be                                 | ernice Gr                               | reen 1600                               | O Rosedal                               | e St  |  |
|                                     | 18.               | 101.3   |                   | CAUSE                            | OF DEATH                                |   |   |   | VAL BETWEEN                                       |  |
|                                     | DISEA             | SE OR CONDITION   | DIRECTLY          |                                  |   |   |   | ONSE                                    | AND DEATH   |  |
|                                     | (This days        | LEADING TO DEA  |                   | (A) Cen                          | cebrocran                               | ial inju                                | ries                                    |   |   |  |
|                                     | heart foilure     | (This does not meon the mode of dying e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which caused death.) |                   |                                  |   |   |   |   |   |  |
|                                     |                   | ANTECEDENT . CAL  | ICEC              |                                  |   |   |   |   |   |  |
|                                     |                   | OR CONDITIONS, I  |                   | (B)                              | *************************************** |   | · · · · · · · · · · · · · · · · · · ·   |   |   |  |
|                                     | RISE TO TH        | TE ABOVE CAUSE (A   | STATING THE       | DOE 10                           |   |   |   | 100                                     |   |  |
| z                                   | ONDERLIT          | NO CONDITION LA   | 31.               | (C)                              |   |   | *************************************** | *************************************** | leko m dre zieko o liek zieko o zopropo mare pamp |  |
| 6                                   |                   | ll l  |                   |                                  |   |   |   |   |   |  |
| \<br>V                              |                   | NIFICANT CONDITIO   |                   |                                  |   |   |   |   |   |  |
| Ë                                   |                   | DEATH BUT NOT   |                   | 1 E                              |   | *************************************** |   |   | ***************************************           |  |
| CERTIFICATION                       | 19A. DATE O       | F OPERATION 198, C  | PERFORMED         | HICH OPERATION                   |   | 11                                      | OB. IF YES, WERE FI                     | NDINGS CONSID                           | ERED  |  |
| _                                   | 21 A EXTERNA      | L CALISE WAS  | 010 0             | I ACE OF INITIANY                | Yes                                     |   | Yes                                     |   |   |  |
| MEDICA                              | UNDERLYING        | OR CONTRIB-   | home,             | LACE OF INJURY (e.g., i          | lfice bldg., INJUR                      | Y OCCUR?                                | in Boltimore City, gi                   | ve exact location)                      | 9   |  |
| 哥                                   | UING              | ISE OF DEATH.   | erc./ S           | ship in drydoc                   | Mar                                     | vland Dr                                | vdock Fair                              | cfield                                  | 0.00  |  |
| 2                                   | OF INJURY         | (Month) (Doy) (   | Year) (Hour) 21   | E. INJURY OCCURRED               | 21 F. H                                 | yland Dr                                | OCCUR! Fol                              | from lac                                | lder  |  |
|                                     | (APPROX.)         | 9-8-67 6:   | :45 A. w          | HILE AT X NOT V                  | WHILE Wh                                | ile clim                                |   |   |   |  |
|                                     | 22.<br>I cer      |   |                   |                                  |   |   |   |   |   |  |
|                                     | resu              | resulted fram: Notural causes Accident X Sulcide Hamicide Undetermined monner   |                   |                                  |   |   |   |   |   |  |
|                                     |                   | CHIEF MEDICAL EXAMINER  |                   |                                  |   |   |   |   |   |  |
|                                     | ACTUA             |   | 41.4              | 0                                | ASSISTANT M                             |   |   | DATE SIGNED                             |   |  |
|                                     | SIGNAT            | URE Charl   | oc S SnF          | ingate, M.D.                     | ASSOCIATE A                             | EDICAL EXA                              | MINER [                                 | Contombon                               | 0 1067  |  |
|                                     | EXAMII<br>NAME (  | Type)   |                   | ingate, H.D.                     | ASSUCIATE N                             | AEDICAL EXA                             | MINER                                   | September                               | 0, 1907   |  |
|                                     | MOVAL (Specil     |   | 230               | NAME of CEMETERY of              | CREMATORY                               | 23 D. LO                                | CATION (City,                           | , town, or county)                      | (51010)   |  |
|                                     | Burial            | 9/13  | /67 A             | rbutus Memori                    | al Fark                                 | Art                                     | utus Bal                                | to Co.                                  | Md  |  |
| 24/                                 | A. DATE REC'D     | BY HEALTH DEPT.   |                   | OF REGISTRAR                     | 24C. FUNER                              | AL DIRECTOR                             |   | ADDRES                                  |   |  |
|                                     |                   | SEP 15 196  | 7 82.5            | E. John HA                       | Herbe                                   | ert E. Ni                               | atter 303!                              | 5 W. Nort                               | h Ave   |  |
| VS                                  | 151-REV. 1/1/     | 165 / C V   | - 8 10            | 4 / 8 1                          | 0 0 5                                   | 1 17 1                                  |   |   |   |  |



(MUDIT KNOWN)

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MARTERNO - BALTIMORE CO.

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UNION MEMORIAL HOSPITAL SOT EAST JOPPA ROAD

01-05-73 94

PENINSYLVANIA U.S.

FRANK D. NOBBS ADA ROBINSON

168-03-2157 HOSPETAL ADMISSION HISTORY

YES

SEPTEMBER 19 67 SEPTEMBER 19 67 SEPTEMBER 19 67

Bruss E Cathey

BRUCE. E. CATHEY

UNION MEMORIAL HOSPITAL

19-14-67

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George Auts

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BALTIMORE CITY HEALTH DEPARTME

IMPORTANT FUNERAL DIRECTOR:

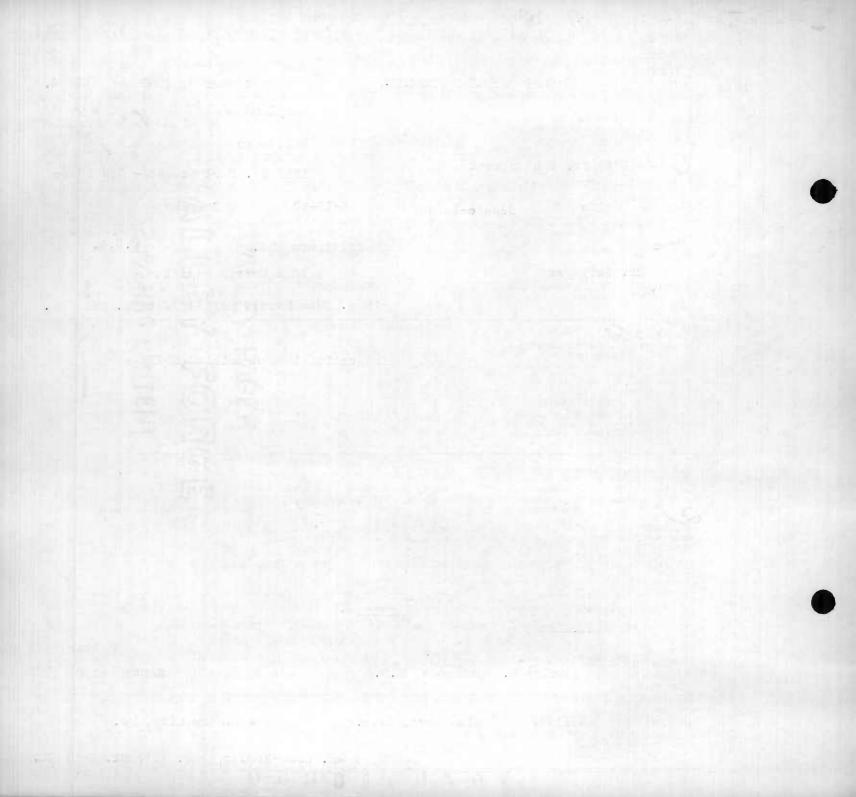
VS 150-REV. 1/1/65

| NT                                      |   | 67 0050  |
|---|---|--|
| Ή                                       | Registered No                           | 67 8858  |
|   | HOUR OF DEATH                           | d 21 - 1   |
| (Where                                  |   | 1 3.45 A M.  |
|   |   |  |
| (If outsi                               | de city limits, write RI                | URAL ond give township)                                    |
| 1 100                                   | m 1 m m                                 | 3 14-03  |
|   | ilmoe 57                                | toeat  |
| 9.                                      | AGE (In years<br>st birthday)           | If Under 1 Yr. If Under 24 Hrs.<br>Months! Doys Hours Min. |
| 2                                       | 62                                      | Months Doys - Hours Min.                                   |
| or foreign                              | country)                                | 12. CITIZEN OF WHAT COUNTRY?                               |
| N. MANA                                 |   |  |
| MAMI                                    | Dixon                                   |  |
| 7                                       | -11014                                  | ADDRESS  |
| ART                                     |   |  |
|   |   | INTERVAL BETWEEN ONSET AND DEATH                           |
| Nous                                    | tubercul                                |  |
| ary                                     | Monen                                   | sis years  |
| Well a                                  | hemorrha                                | 29   |
| n n-n-n-n-n-n-n-n-n-n-n-n-n-n-n-n-n-n-n |   |  |
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|   | 0.0, 0.4, 0.0, 0.4, 0.0, 0.4, 0.0, 0.0, | **************************************                     |
|   |   |  |
|   |   |  |
| o: No)                                  | 20B. IF YES, WERE FI                    | INDINGS CONSIDERED<br>SES OF DEATH?                        |
|   | )                                       | I SED  |
| DID<br>UR?                              | (If in Boltimore                        | City, give exoct location)                                 |
| D. IALLES                               | DV 0.551183                             |  |
| וטנאו ט                                 | RY OCCUR?                               |  |
| /                                       |   | 9/7  |
|   | in(my) (ous) onin                       | ion death occurred on the date                             |
| eath.                                   | THE MINT COUT OF IN                     | TOTI DESCRIPTION THE GOTE                                  |
| J 31110                                 |   | 23 B. DATE SIGNED  |
| St.                                     | toff<br>hy s.                           | 9-9-67   |
| ecou                                    | urs Hosp                                | sital.   |
| 4D. LO                                  |   | y, town, or county) (State)                                |
| Ва                                      | altimore, M                             |  |
| ECTOR                                   |   | ADDRESS  |
| rook                                    | s Inc. Balt                             | imore, Md. 21202   |
| -                                       |   |  |



| 111-76          | 2 00                                    | 000           | BALTIMOPE CITY                       | HEALTH DEPARTMENT                     |                                    | 67 8859  |
|-----------------|---|---------------|--------------------------------------|---------------------------------------|------------------------------------|--|
| BIRTH NO.       | 6/                                      | 885           | CERTIFICA                            | TE OF DEATH                           | Registered No.                     | 01 2023  |
| M.E. CASE NO.   | CEASED                                  |               |                                      | 2 DATE A                              | ND HOUR OF DEATH                   |  |
| Type or Print)  |   | mina II.      | t a bassa first                      |                                       |                                    |  |
| PLACE OF DE     | ATH IN BALTIMORE MA                     |               | icherski                             |                                       | 9/14/67                            | Assitution; rosidence before admission                       |
| CFRT            | TEICATE                                 | AM            | ENDED                                | A. STATE B. COU                       | NTY                                | ismonon, tostaence before ours sign,                         |
| HOSPITAL OR     | oddress or location                     |               | gire sheet 1                         | Mass.                                 |                                    |  |
| INSTITUTION     | oddress of locollon                     | 17            | 10-17-67                             | C. CITY OR TOWN (II o                 | utside city limits, write          | RURAL and give township)                                     |
| 100             |   |               |                                      | New Bedford                           |                                    | 1-18   |
| 90              | Gould Cor                               | nvalesar      | rium                                 |                                       | f rurol, give location)            |  |
|                 | 6116 Bela                               |               |                                      | 107 Cemtra                            |                                    |  |
| . SEX           | 6. RACE                                 |               | NEVER MARRIED D, DIVORCED (specify)  | B. DATE OF BIRTH                      | 9. AGE ()n years<br>lost birthday) | If Under 1 Yr., II Under 24 Hrs.<br>Months: Doys Hours: Min. |
| Female          | White                                   | Widow         | wed                                  | May 25, 1887                          | 86- 80                             |  |
| SA. USUAL OCC   | UPATION (Give kind of work              | 10B. KIND OF  | BUSINESS OR INDUSTRY                 | 11, BIRTHPLACE (Stote or for          | roign country)                     | 12. CITIZEN OF   |
|                 | working lite, even if retired)          | A T           | T                                    | D=11                                  |                                    | WHAT COUNTRY?  |
| HOU:            | sewife                                  | Own I         | nome                                 | Poland                                | A 1 4 P                            | USA  |
| - MINERS NA     |   |               |                                      | 14. MOTHER'S MAIDEN NA                |                                    |  |
|                 | John Pales                              | szka          |                                      | Unknov                                | √n                                 |  |
|                 | Ever in U. S. Armed Ford                |               | 1 6. SOCIAL                          | 17. INFORMANT                         |                                    | ADDRESS  |
|                 | yes, give wer or dole:                  | 3 01 3014(00) | SECURITY NO.                         |                                       |                                    |  |
| NO 18. / /      | 7                                       |               | CAUSE O                              | Shick Funeral                         | L Home New Be                      | ediord, Mass   |
| T m             | 10 / 1 / J                              |               | CAUSE O                              | r DEATH                               |                                    | ONSET AND DEATH  |
| DISEA           | SE OR CONDITION DIR<br>LEADING TO DEATH | ECTLY         | Ci-                                  | 1 0-0                                 | . C. O-                            |  |
| (This does      | not mean the mode of                    | dvina. e.a    | DUE TO                               | enember atten schons                  |                                    |  |
| heort foilure,  | osthenio, etc. Il meons                 | the diseose,  | 201.10                               | Isehne                                |                                    | 9 0  |
|                 | mplication which caused                 | deolh,)       | 0                                    | 0.000                                 | 1 to 500.                          | - 46   |
|                 | ANTECEDENT CAUSES                       |               | DUE TO                               | mining a                              | rain saus                          | <b>7.2</b>   |
|                 | OR CONDITIONS, if                       |               |                                      | 3                                     |                                    |  |
|                 | G CONDITION lost.                       | sloting the   | (C)                                  | ~~~                                   |                                    |  |
| ONDERENIN       |   |               |                                      |                                       |                                    |  |
| Z OTHER SIGN    | II  DFICANT CONDITIONS C                | ONTRIBUTING   | c                                    | , , , , , , , , , , , , , , , , , , , | 7                                  |  |
| TO THE D        | SEATH BUT NOT RELA                      | TED TO TH     | E                                    | Sem                                   | luly                               |  |
|                 | F OPERATION 198. CON                    |               | WHICH OPERATION                      | 20A. AUTOPSY? (Yos or N               | IN 208 IF FEE WERE                 | EINDINGS CONSIDERED  |
| 19A. DATE OF    | WAS PERF                                |               | WITCH OF EXAMON                      | ho                                    | IN CERTIFYING CA                   | FINDINGS CONSIDERED<br>USES OF DEATH?                        |
| 21A. ACCIDE     | NT WAS UNDERLY)NG                       | 218           | PLACE OF INITIATION IS               | or obout 21C. WHERE DID               | /II in Rollins                     | e City, give exact location)                                 |
| OR CONTRIB      | UTING CAUSE OF                          | hom           | ie, lorm, loctory, street, ol        | fice bldg., INJURY OCCUR?             | (II IN BOILIMOR                    | City, give exoct loconon/                                    |
| U .             | y modical examinar)                     | etc.          | ,                                    |                                       |                                    |  |
| OF INJURY       | (Month) (Doy) (Year)                    | (Hour) 21 E.  | NJURY OCCURRED                       | 21F. HOW DID IN                       | JURY OCCUR?                        |  |
| (APPROX)        |   | Wh            | ile At Not While                     |                                       |                                    |  |
| 22 1 16         |   |               |                                      |                                       |                                    | 1.1  |
| 22. I certify   | that (1) (this hospital                 | ) attended t  | he deceosed from                     |                                       | 1965 10 9                          | 19.6.1   |
| that (I) (we    | ) last saw the decease                  | d alive an    | 8-1                                  | 19 6 7 and t                          | hat in (my) (aux) opi              | nion death accurred on the dat                               |
| and haur an     | d from the causes stat                  | ed abave. (I  | ) ( <del>We) (did)</del> (dld nat) v | iew the bady after death.             |                                    |  |
| 23A. SIGNATI    |   |               | 0                                    |                                       |                                    | 23B, DATE SIGNED   |
| In              | real R                                  | 0             |                                      | inding Med.                           | Stoll<br>Phys.                     | 9-14-17  |
| 23C.PHYSICIA    | ANS                                     | mylin         | Phys                                 | s. Director 23D. ADDRESS              | rnys.                              | 7-17-6/  |
| NAME (          | Typel                                   | 4 .           |                                      |                                       | Belair                             | kd 34 Mimore   |
| Ma.             | x R. En                                 | 91154         | M.D. M.D.                            | 5713                                  | Delair                             | Md 2126  |
| 4A. BURIAL CRE  | MATION, 24B, DATE                       | 24C. N        | AME OF CEMETERY OF CRE               | MATORY 24D,                           | LOCATION (C                        | ity, town, or county) (State)                                |
| Buri            | - 1 1                                   | 7             | Pine Grave                           |                                       | New Bedford,                       | Mass   |
|                 | BY HEALTH DEPT.                         |               | OF REGISTRAR                         | 25C. FUNERAL DIRECTO                  |                                    | ADDRESS  |
| SEE             | 15 1067 A A                             |               | For Orec MA                          |                                       |                                    | timore, Md. 21202  |
| OLI             | TO 1201 (17)                            | 21/2 61       | COOLOGN                              | Win. COOK-BIO                         | ORB INC. Dat                       |  |
| S 150-REV. 1/1/ | 65                                      | 1.0           | 1) 1 13                              | 7 2 6 3                               | 1                                  |  |

Marriage Record from New Bedford, Mass.
for Adolf Wicherski and Catherine Paleszka
dated August 27, 1907 - Bride age 20 yrs.
10-17-67 M.H.



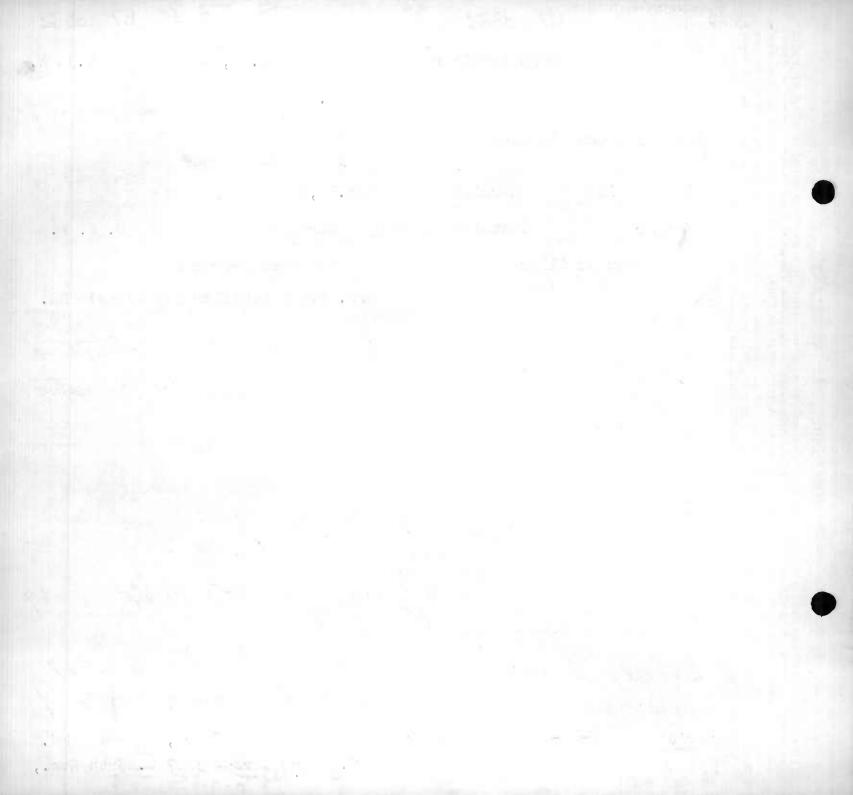
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| ine   | (except where the physician who pronounced death was in regular a sand (6) No physician was in regular attendance on the deceased price obtained before the remains are embalmed or final disposition is made.   |
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| This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased | was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. |
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IMPORTANT

FUNERAL DIRECTOR:

|  | 0/   |  |  | 0- 0- 1  | Registered No.   | 0/ 0001  |
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| IRTH NO.   |  | 8861   | CERTIFICA  | ATE OF DEATH   |  |  |
| A.E. CASE NO.  |  |  | JEKTII IO/   |  |  |  |
| NAME OF DE   | 7 1 1  |  |  |  | AND HOUR OF DEATH  |  |
| John   | 1 Dochte   | MAN  |  | 9,   | 114/67   | nstitution: residence before admis   |
| . PLACE OF D   | EATH IN BALTIMORE, MA  | RYLAND   |  | A. STATE B. CO   | Where deceased lived. If i   | nstitution: residence before odmis   |
|  |  |  |  | BHENNARY   | INAN Bal   | lemone   |
| HOSPITAL OF  | R oddress or location  | or institution, give s   | street   |  |  | PURAL Ind give township)   |
| INSTITUTION  |  |  |  | C. Cill of lower   | T dorside city mints, while  | The street to th |
|  | 0.11.  |  | /  | Dallm  | all c  | 7-0-08   |
| UNIVER   | esity of MA  | RLAND  | HOSPITAL   | D. STREET ADDRESS  | "If rural, give location)  | 01   |
|  |  |  |  | 3728   | Klingh &   | hus (-DUGHT  |
| . S EX   |  | 7. MARRIED, NEV  |  | B. DATE OF BIRTH   | 9. AGE MA years  | II Under 1 Yr. II Under 24<br>Months Doys Hours M  |
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|  | of working life, even if retired)  | . /  | /  | Y 11. BIRTHPLACE (State or   | - 44 h   | WHAT COUNTRY?  |
| 12.  | chamic   | City 1   | we.  | 1 Dallem   | are MD   | USA  |
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| OTHER SIG TO THE DISEASE OF TO THE DEATH (not  | e, asthenia, etc. II means omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost.   | The disease, death.)  any, giving stating the CONTRIBUTING STEEL TO THE CONTRIBUTION OF THE CONT | (B) DUE TO DUE TO IC)  CH OPERATION  CE OF INJURY (e.g., arm, loctory, street,  URY OCCURRED  Not Wh At World  ecceased fram (e) (did) (did nat)   | ASCULAR DIAL  ASCULAR DI  20 A. AUTOPSY? (Yes of office bidg., INJURY OCCUP  21F. HOW DID  ille  19 on view the body after decidency Director [23D. ADDRESS]   | SeASC  IN No.   20B. IF YES, WERE IN CERTIFYING CARP  (If in Boltimo R?   19   | FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  Application death occurred on the   |
| OTHER SIG TO THE DISEASE OF THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF | e, asthenia, etc. II means omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost.   | the disease, death.)  any, giving stating the CONTRIBUTING STEED TO THE CT.  DITION FOR WHICE FORMED  21B. PLAT home, la etc.)  (Hour) 21E. INJ!  While A Work   | (B) DUE TO DUE TO  IC)  CEREBROV  CH OPERATION  CE OF INJURY (e.g., irm, loctory, street, local did with the company of the co | ASCULAR DIAL  ASCULAR DI  20 A. AUTOPSY? (Yes of the property  | SeASC -  INO 20B IF YES, WERE IN CERTIFYING C.  IN CERTIFYING C.  (If in Baltimo R?  INJURY OCCUR?  In to see the see  | FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  Rept 4 19 4 19 4 19 4 19 4 19 4 19 4 19 4 1   |
| OTHER SIG TO THE DISEASE OF TO THE DEATH (not  | e, asthenia, etc. II means omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost.   | the disease, death.)  any, giving stating the CONTRIBUTING ATED TO THE T.  DITION FOR WHICE FORMED  218. PLA: home, la etc.)  (Hour) 21E. INJ!  While A Work  and alive on ted above. (1) (W. Market)  | (B) DUE TO  IC)  | ASCULAR DI  20A. AUTOPSY? (Yes of the property | SeASC -  INO 20B IF YES, WERE IN CERTIFYING C.  IN CERTIFYING C.  (If in Baltimo R?  INJURY OCCUR?  In to see the see  | FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  Rept 4 19 6  238. DATE SIGNED  9/14/67  Balt MI)  |
| OTHER SIG TO THE DISEASE OF TO THE DEATH (not DEAT | e, asthenia, etc. II means omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost.   | the disease, death.)  any, giving stating the CONTRIBUTING ATED TO THE T.  DITION FOR WHICE FORMED  218. PLA: home, la etc.)  (Hour) 21E. INJ!  While A Work  and alive on ted above. (1) (W. Market)  | (B) DUE TO  IC)  | ASCULAR DIAL  ASCULAR DI  20 A. AUTOPSY? (Yes of the property  | SeASC -  INO 20B IF YES, WERE IN CERTIFYING C.  IN CERTIFYING C.  (If in Baltimo R?  INJURY OCCUR?  In to see the see  | FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  Rept 4 19 4 19 4 19 4 19 4 19 4 19 4 19 4 1   |
| OTHER SIG TO THE DISEASE OF TO THE DEATH (not  | e, asthenia, etc. II means omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost.  III SINIFICANT CONDITIONS CONDITIONS CAUSING I CONDITION C | The disease, death.)  any, giving stating the CONTRIBUTING STEEL TO THE T.  DITION FOR WHICE FORMED  21B. PLANNOW, la etc.)  (Hour) 21E. INJ!  While A Work  1) attended the deat above. (1) (W. Markette)  24C. NAME  25B. NAME OF RE   | CE OF INJURY (e.g., mm, loctory, street, loctory,  | ASCULAR DI  20A. AUTOPSY? (Yes of the property | Sease  Thol 20B. IF YES, WERE IN CERTIFYING CARP  (If in Boltimo R?  INJURY OCCUR?  In to some the season of the s | FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  Rept 4 19 4 19 4 19 4 19 4 19 4 19 4 19 4 1   |
| OTHER SIG TO THE DISEASE OF TO THE DEATH (not DEAT | e, asthenia, etc. II means omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost.  III SINIFICANT CONDITIONS CONDITIONS CAUSING I CONDITION C | the disease, death.)  any, giving stating the CONTRIBUTING STEED TO THE CT.  DITION FOR WHICE FORMED  218. PLAINON FOR WHICE C.J.  While A Work  A mer Rof-  24C. NAME  24C. NAME  | CE OF INJURY (e.g., mm, loctory, street, loctory,  | ASCULAR DIAL  ASCULAR DI  20 A. AUTOPSY? (Yes of in or about 21 C. WHERE DI  office bidg., INJURY OCCUI  21 F. HOW DID  ille  19   | Sease  Thol 20B. IF YES, WERE IN CERTIFYING CARP  (If in Boltimo R?  INJURY OCCUR?  In to some the season of the s | FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact locotion)  Fig. 4 19 6  19 19 19 19 19 19 19 19 19 19 19 19 19 1   |

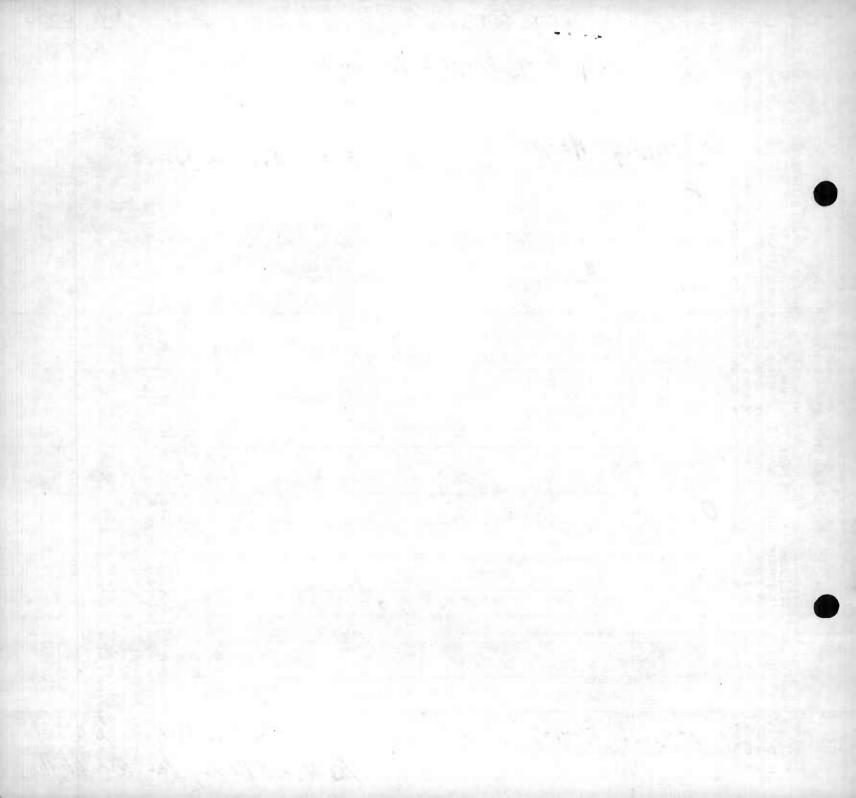
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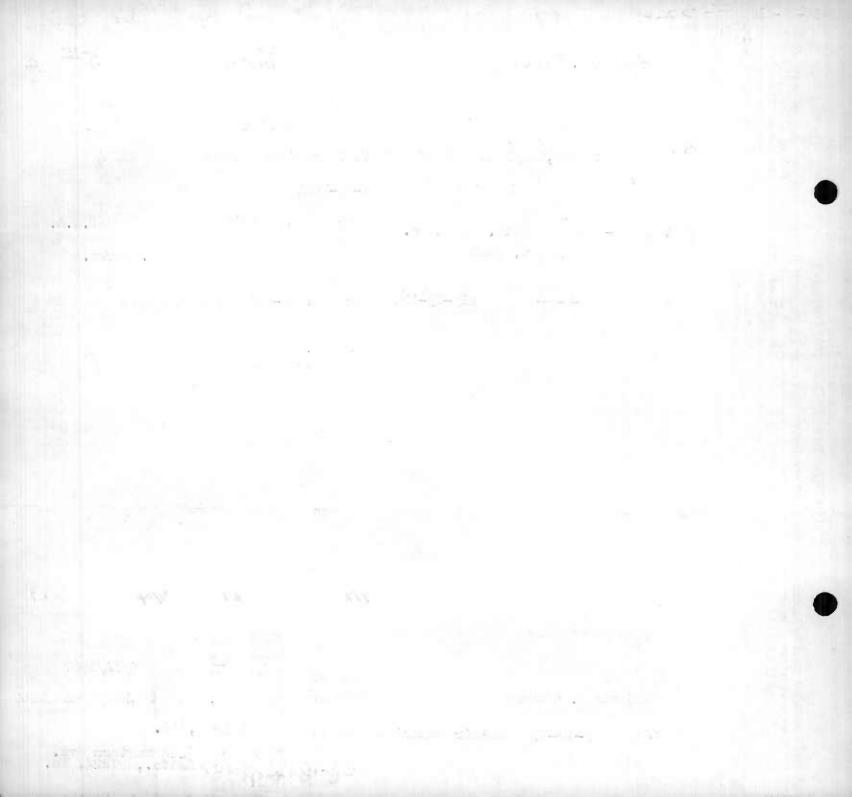
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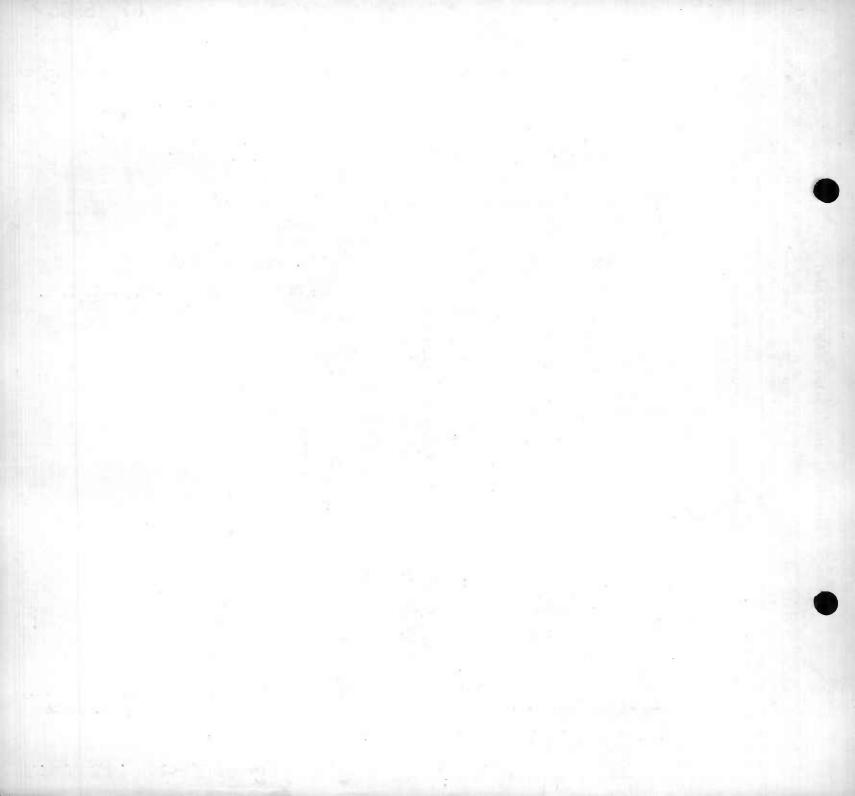
DIRECTOR:

FUNERAL



| M.E. CASE N          |  | 7 8864 CERTIFICA   | 2. DATE  | Registered No.            |  |
|----------------------|--|--|--|---------------------------|--|
| Typo or Print)       | Austin P. Fun  | K.   | 9//  | 14/67                     | 5 15                                   |
| PLACE OF             | DEATH IN BALTIMORE, MA   | RYLAND   |  | ere deceased lived. Il in | nstitution: residence belare admission |
|                      |  |  |  |                           | D-1+4                                  |
| HOSPITAL             | OR oddress or locotion   | or institution, give street  | Maryland   |                           | Baltimore O RURAL ond give township)   |
| INSTITUTIO           | Baltimore (  | City Hospitals   | Eastpoi  |                           | 53-00                                  |
| 31                   | 4940 Easter  | m Avenue   |  | f rurol, give location)   | 99-99                                  |
| 91                   | Baltimore, N   | Maryland 21224   | 7707 Braddock  | Avenue                    | 21224                                  |
| . SEX                | 6. RACE  | 7. MARRIED, NEVER MARRIED  | 8. DATE OF BIRTH   | 9. AGE (In yours          | If Under 1 Yr. , II Under 24 H         |
| Male                 | White  | WIDOWED, DIVORCED (specify) Married                                  | 4-21-1914  | lost birthdoy) 53         | Months Doys Hours Min,                 |
| OA, USUAL O          | CCUPATION (Give kind of work   | 108 KIND OF BUSINESS OR INDUSTRY                                     | 11. BIRTHPLACE (State or for                               | reign country)            | 12. CITIZEN OF                         |
|                      | st of working life, even if retired)   |  | Maryland , Ba  |                           | WHAT COUNTRY?                          |
|                      | nance-Man  | Beth. Steel Co.  |  |                           |  |
| 3. FATHER'S          | Vomme  | C. Funk  | 14. MOTHER'S MAIDEN NA                                     |                           | M. Parks.                              |
|                      | verilor  | 1  |  | Annie                     | area or cire trees &                   |
|                      | ased Ever in U. S. Armed For   |  | 17. INFORMANT  |                           | ADDRESS                                |
| No                   | , co, give not or colo   | 215-03-1024  | Records: BCH-49  | 240 Eastern               | Avenue 21224                           |
| 18. < -              | 0 0 01   | CAUSE  |  |                           | INTERVAL BETWEEN                       |
| VO OTHER S<br>TO THE | ANTECEDENT CAUSES  S OR CONDITIONS, if the above cause (A) YING CONDITION last,  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | ONTRIBUTING ATED TO THE  | Imonay Conho   | Noll 20B. IF YES. WERE    | FINDINGS CONSIDERED                    |
| E 2                  | WA3 72k  | ORIVIED  | Yes  | YES                       | COSES OF DEATH:                        |
| OR CONT              | CIDENT WAS UNDERLYING CAUSE OF notify modical examined   | 21B. PLACE OF INJURY (e.g.,<br>home, form, loctory, street,<br>etc.) | in or obout 21 C. WHERE DID<br>olfico bldg., INJURY OCCUR? | (If in Boltimor           | ro City, give exoct locohonl           |
| 21 D. TIMI           |  | (Hour) 21E, INJURY OCCURRED  | 21F. HOW DID IN  | IJURY OCCUR?              |  |
| OF INJU              |  | While At Not Whi   |  |                           |  |
|                      |  | Work At Work   |  |                           | 01.                                    |
|                      | 1  | ottended the deceased from   | •  |                           | 9/14 19 67                             |
| ,                    | we) last saw the decease   | 47.  |  |                           | inion deoth occurred on the d          |
| ond hour             | ond from the couses sto  | ted obove. (1) (We) (did) (did not)                                  | view the body ofter death                                  |                           |  |
| 23A. SIGN            | ATURE  |  |  |                           | 23B. DATE SIGNED                       |
| 130                  | in Die   | M.D. Att   | onding Med.  | Stoff<br>Phy s. 30        | 9/14/1967                              |
| 23C. PHYS            | ICIANS   | , comment  | 23D. ADDRESS   | -                         | // -// -/ -/ -/                        |
| NAM                  | Benjamin D. Ric  | chman M.D.   | 4940 Eastern   | venue Baltin              | more, Maryland 2122                    |
| 4A. BURIAL           | CREMATION, 248, DATE   | 24C. NAME of CEMETERY of CR  |  |                           | ity, town, or county) (State)          |
| REMOV                | AL (Specify)   |  |  | Belair , Mo               |  |
| Bur                  |  |  |  |                           |  |
| ZSA. DATE RI         | SEP 18 1967  | 258, NAME OF REGISTRAR   | 25C FUNERAL DIRECTO  | 622                       | 4 Easternowe.<br>to., 21224, Md.       |
|                      | Ami - 1001   | MINGELL SAY MANAGEMENT   | olchousers St.   | TELLEY DELL               | nne a create my                        |
| /S 150-REV.          | 17.716   |  | A 1000   | -2                        |  |





|                   | 67  | 0000   | Y HEALTH DEPARTMENT                                  | Registered No                    | 67 8866   |
|-------------------|---|--|--|----------------------------------|---|
| M.E. CASE NO.     | 07  | CERTIFICA  | ATE OF DEATH   | Registered No                    |   |
| MALAR OF BEC      | RRIGAN (CA)   | RRIGANEDWARD   | 2. DATE<br>SE  | PT. 14 19                        | 3:00A   |
|                   | ATH IN BALTIMORE, MA  |  | 4. USUAL RESIDENCE (W                                | here deceased lived. If          | institution; residence before admissio                  |
| ST                | AGNES HOSP  | PITAL  | A. STAMARY LAND                                      | JNIY                             |   |
| FULL NAME O       | oddress or location   | or institution, give street  | C. CITY OR TOWN (IF                                  | outside city limits, write       | RURAL and give township                                 |
| CA                | TON & WILKE   | NS AVE   | BALTIMORE  |                                  | 10-01   |
| LAO BA            | LTO MD. 212   | .29  | D. STREET ADDRESS                                    | (If rural, give location)        |   |
| 10                |   |  | -  | EY -RO. 57                       | ·   |
| MALE              | WHITE   | MEVER MARRIED  | 04/17/87   | 9. AGE (In years<br>lost Bunday) | If Under 1 Yr. If Under 24 H<br>Months: Doys Hours Min. |
|                   | JPATION (Give kind of work<br>working life, even if retired)  | 108. KIND OF BUSINESS OR INDUSTR                                     | MARY LAND  | oreign country)                  | 12. CITIZEN OF WHATSCOUNTRY?                            |
| 3. FATHER'S NAM   | CHAE L  |  | 14. MOTHER'S MAIDEN N                                | AME                              |   |
| . Was Deceased    | Ever in U. S. Armed For                                       | ces? 16. SOCIAL  | 17. INFORMANT  |                                  | ADDRESS   |
| es, no or unknown | (If yes, give wor or dote                                     | 2 152-32-016   | 2A ST AGNES  | ADM. SLIP                        | CATONEWILKENS   |
| 18.199            | 2/1   | CAUSE  | OF DEATH   |                                  | INTERVAL BETWEEN<br>ONSET AND DEATH                     |
| DISEAS            | SE OR CONDITION DIE   | RECTLY   | Cliranom   | - fair                           | OHIGH AND DEMIN   |
| (This does n      | nal mean the mode of  | dying, e.g., DUE TO  | X cu anom  | c. 10000                         |   |
| heart failure,    | asthenia, etc. It means                                       | the disease,   |  |                                  | 1 2 2 1 1 1 1   |
|                   | ANTECEDENT CAUSES   | (B)  |  |                                  |   |
|                   | OR CONDITIONS, if   | DUE TO   |  |                                  |   |
| rise la lhe       | e obave couse (A)   |  |  |                                  |   |
| UNDERLYING        | G CONDITION lost.   |  |  |                                  |   |
| TO THE D          | II  FICANT CONDITIONS CEATH BUT NOT RELA  CONDITION CAUSING 1 | ATED TO THE  | na.  |                                  | 12  |
| 19A. DATE OF      | OPERATION 198. CON  | DITION FOR WHICH OPERATION   | 20A. AUTOPSY? (Yes of                                | No) 20B. IF YES, WERE            | FINDINGS CONSIDERED<br>AUSES OF DEATH?                  |
| 19A. DATE OF      | WAS PER   | FORMED   | yes  | IN CERTIFIING C                  | AUSES OF DEATH?   |
| OR CONTRIBL       | NT WAS UNDERLYING DITING CAUSE OF medical examiner            | 21B. PLACE OF INJURY (e.g.,<br>home, form, foctory, street,<br>etc.) | in or about 21C. WHERE DID office bldg. MJURY OCCUR? | (If in Boltimo                   | ore City, give exact location)                          |
| 21 D. TIME        | (Month) (Day) (Year)  | (Hour) 21E INJURY OCCURRED   | 21 F. HOW DID I                                      | NJURY OCCUR?                     |   |
| OF INJURY         |   | While AI Not Wh  | ife _  |                                  |   |
| 22                | shas XX (ship hasaisa   | I) attended the deceased fram S                                      |  | 19 67 ta                         | SEPT 14 1.67  |
| abas XI) (wa)     | last saw the decess   | ed alive SEPT 14   |  |                                  | pinian death accurred on the d                          |
|                   | -000  | ted abaveXX) (We) (did) (XXXXt)                                      |  | that in they (aur) ap            | ointan death accurred on the d                          |
| 23A, SIGNATU      |   | ted apaver(t) (Me) (did) (avervet)                                   | view the bady after deat                             | h.                               | 238, DATE SIGNED  |
| 23A. 310KAT       | 111.6   | Jelos M.D. A   | ttending Med.  | Stoff -                          | 09/14/67  |
| 22 C BLIVETTI     | Coloro 1. 2   | Ph   | ys. Director   | Phys.                            | 03/14/0/  |
| PAEBT             | LO DIBOS, N   | 1.D.   | ST. AGNES HO   | SPITAL-CA                        | TON AND WILKENS   |
| AA. BURIAL CRE    | MATION, 248. DATE   | 24C. NAME OF CEMETERY OF C   | REMATORY 24D   | LOCATION                         | City, lown, or county) (State                           |
| Dune              | 11. 4/16/   | 67 Cothods   | al   | to Utin                          | und   |
| SA. DATE REC'D    | SFBY BOTTE  | 258, NAME OF REGISERAR   | 250 UVERAL DIRECT                                    | OR A                             | ADDRESS 20  |
|                   | - 1001  | Plobert E. Farley M.A.   | (thilip H  | rurd Don                         | o Coleanst  |
| S 150-REV. 1/1/   | 65  | 1 9 5 7 6 1  | 0 8 6  | 0 4                              |   |

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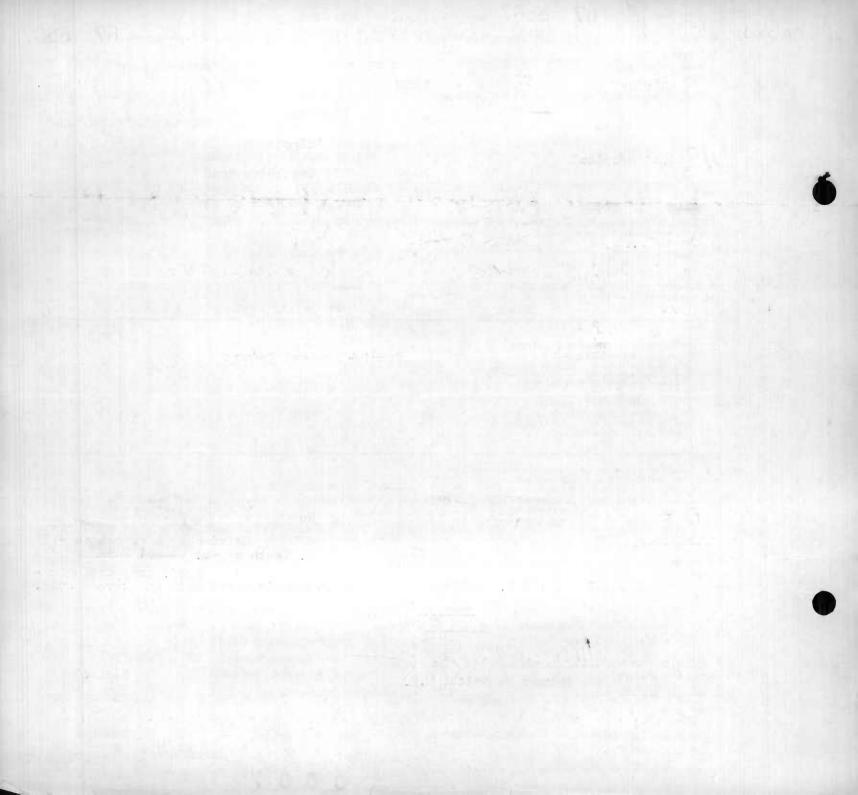
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G-650

## 67 8867 BALTIMORE CITY HEALTH DEPARTMENT

| BIRT        | H NO.                  | MED  | CAL EX        | CAMINER'S C                        | ERTIFICA             | TE OF [     | DEATH Regrate                      | ered No. 67. 8867  |
|-------------|------------------------|--|---------------|------------------------------------|----------------------|-------------|------------------------------------|--|
|             | AME OF DE              | CEASED   |               |                                    |                      | IO DATE AND | D HOUR PRONOUNC                    | ED DEAD  |
| (Тур        | e or Print)            |  | T.            | CDEEN                              |                      |             |                                    |  |
| 2 B         |                        | HARY<br>TIMORE, MARYLAND, W  |               | GREEN                              | III IISIIAI BESID    |             | gust 31, 19                        | 67   12:30 A.M. hitution: residence before admission     |
| FUL         | L NAME OF              | (IF NOT IN HOSPITA   | AL OR INSTITU |                                    | Mary1                | and         | B. COL                             | E RURAL and give township)                               |
| INS         | Noifution"             | ADDRESS ON LOCA  | · IION        |                                    | Balt                 | imore       |                                    | 53-00  |
| 4           | Sinai                  | Hospital   |               |                                    | D. STREET ADD        |             |                                    |  |
| _           |                        |  |               |                                    | 11                   | lestshir    |                                    |  |
| 5. S        | Male                   | White  |               | DIVORCED (specify)                 | DEC. 2               |             | 9. AGE (In years lost birthdoy) 62 | If Under 1 Yr. If Under 24 Hrs<br>Months Doys Hours Min. |
|             |                        | working life, even if retired)   | FLOR KIND OF  | BUSINESS OR INDUSTRY               | 11. BIRTHPLACE       | 9           | n country)                         | 12. CITIZEN OF WHAT COUNTRY?                             |
| 13. F       | ATHER'S NAM            |  | 0.00          |                                    | 14. MOTHER'S M       | AIDEN NAMI  |                                    |  |
|             | 1                      | villiam D  | GRE           | EEN                                | Ros                  | 5A 1        | VILLIG 15T                         |  |
|             | VAS DECEASE            | D EVER IN U.S. ARMED   |               | 16. SO CIAL                        | 17. INFORMANT        |             |                                    | ADDRESS  |
| (Tes        | No of unknown          | (If yes, give wor or dote  | s of service  | SECURITY NO.                       | mers 1               | Buth 1      | Suca - 3/6                         | Worlshire Rd.  |
|             | 1B. E. 8               | 19.0   |               | CAUSE                              | OF DEATH             |             |                                    | INTERVAL BETWEEN<br>ONSET AND DEATH                      |
|             | DISEA                  | SE OR CONDITION DI   | RECTLY        |                                    |                      |             |                                    | ONSE! AND DEATH  |
|             | (This does             | LEADING TO DEATH   |               |                                    | nio-Cereb            | ral Inj     | ury                                |  |
|             | heort foilure          | , osthenio, etc. It meons<br>mplication which coused                             | the discose,  | DUE TO                             |                      |             |                                    |  |
|             |                        | mpriorien which cooled   |               |                                    |                      |             |                                    |  |
|             | DISEASES<br>RISE TO TH | ANTECEDENT · CAUSE: OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST NG CONDITION LAST. | NY, GIVING    | (B)DUE TO                          |                      |             |                                    |  |
| NO.         |                        |  |               | (C)                                |                      |             |                                    |  |
| RTIFICATION | TO THE                 | NIFICANT CONDITIONS DEATH BUT NOT RE   | LATED TO T    |                                    |                      |             |                                    |  |
| CERTI       |                        | F OPERATION 198, CON<br>WAS PER  | DITION FOR    | WHICH OPERATION                    |                      |             | 208. IF YES, WERE FI               | NDINGS CONSIDERED<br>SES OF DEATH?                       |
| A.          | 21 A. EXTERNA          | L CAUSE WAS  | 21R           | PLACE OF INJURY (e.g.,             |                      | WHERE DID   | Of in Boltimore City of            | ive exact location)                                      |
| EDIC.       | UNDERLYING LAL         | CAUSE WAS<br>OR CONTRIB-<br>ISE OF DEATH.  | home<br>etc.) | , form, foctory, street, of Street | office bldg., INJUR' | Y OCCUR?    | Harrisburg                         | E xpressway - 150  |
|             | 21D TIME               | (Month) (Doy) (Year  | Hour) 2       | 1E. INJURY OCCURRED                | 21 F. H              | . South     | of Mt. Car                         | mel Road   |
|             | OF INJURY              |  | 15 P .m. V    |                                    | WHILE Tru            | ick hit     | Subj.                              | was passenger -<br>and turned over.                      |
|             | 22.                    |  |               |                                    |                      |             |                                    |  |
|             |                        | tify that I held on I  |               | Inspection X Autocident X Suicid   |                      |             | s bosis, deoth In r                |  |
|             | resu                   | Ited from: Noturol co  | uses A        | Accident Pt Suicid                 |                      |             |                                    | er   |
|             | ACTUA                  |  | ug by         | 1- 50-CM.D                         | ASSISTANT M          |             | AMINER X                           | DATE SIGNED  |
|             | EXAMIN<br>NAME (       | . W (-1 ) T  | ner U. S      | Spitz, M.D.                        | ASSOCIATE M          | MEDICAL EX  | (AMINER                            | 8/31/67  |
|             | BURIAL CRE             |  | ,             | C. NAME OF CEMETERY of             |                      |             | Wordlaws                           | town, or county) (Stote)  The f.                         |
| 24A         | . DATE REC'U           |  |               | OF REGISTRAR                       |                      | AL DIRECTOR |                                    | ADDRESS  |
|             |                        | SEP 18 1967  | Robert        | E. Farleyma                        | Tales                | y. Cvan     | any B FKI                          | 1 Catonwelly m   |
| VS          | 151-REV. 1/1/          | 65V8 56  | 21            | 6 / 0 0                            | 0 8 0                | 8 8         |                                    |  |



FUNERAL DIRECTOR: IMPORTANT

| Type or  | OF DECEA<br>Print)   | TESSMER, D   | OROTHY SO  | CHOESSL  | SE  | PTEMBER 14  | , 1967   | 9:40 A                                   |
|--|--|--|--|--|---|---|--|--|
| FULL HOSPI   | NAME OF  | oddiess or location  | or institution, give str<br>)  |  | MARYLAND C. CITY OR TOWN (IF  | vhere deceased lived. If in the control of the city limits, write LICOTT CITY   | RURAL ond give   | ce before odmis                          |
| 4  | 0  | ST. AGNE   | S HOSPITA  | A L  | D. STREET ADDRESS  5 DIAMON   | (II rurol, give locotion)    DBACK DRIVE  | E  |  |
| S EX<br>EMA  |  | WHITE  | 7. MARRIED, NEVER  |  | 8. DATE OF BIRTH 9/13/18  | 9, AGE (In years lost birthdoy)   | II Under 1 Yr.<br>Months Doys                          | Hours Mi                                 |
| one durin  |  | ATION (Give kind of work<br>rking lile, even if retired)   |  | JNDEL CO   | ILLINOIS  | loreign country)  | 12. CITIZEN CON WHAT CO                                | DE<br>DUNTRY?<br>A.                      |
|  | ALDO   | ScheEs   | 5/   |  | GLADYS X  |   | IDEEN  |  |
|  | runknown) (II  | vei in U. S. Armed Ford<br>I yes, give wor or dote:<br>NO  |  | CURITY NO.<br>3-24-941   | ST. AGNES   | HOSPITAL RE   |  | RESS                                     |
| 1B.  | DISEASE  | OR CONDITION DIR   | ECTLY  | CAUSE O  |   | the Breing  | ONSE   | VAL BETWEEN<br>T AND DEATH               |
| hear<br>injury<br>DISE   | of failure, as<br>ny arcampli<br>AN<br>EASES OR<br>To The  | mean the mode of sthering, etc. It means icolian which caused ITECEDENT CAUSES  CONDITIONS, if above couse (A) CONDITION last.   | the disease, death.)   | B) DUE TO  | ciums of  | utartan   | · ·  |  |
| DISE rise UND  | AN EASES OR TO THE DEAL THE DEAL EASE OR THE DEAL THE DEAL EASE OR CO  | ITECEDENT CAUSES  CONDITIONS, if obove couse (A) CONDITION lost.  ITECEDENT CAUSES  CONDITION St.  CONDITION CONDITIONS CONDITION CAUSING DINDITION CAUSING DIPERATION 198. CONI   | the disease, death.)  ony, giving stoling the ONTRIBUTING TED TO THE IT.   | (C)  | eltiples le   | No) 20B. IF YES, WERE   | FINDINGS CON   | SIDERED<br>H?                            |
| DISE rise UND DISE 19A. 1 10 DISE 21A. 0 DE AT   | AN EASES OR IO THE DEAL EASE OR CO THE DEAL EASE OR CO DATE OF O   | sthenia, etc. Il means icolian which caused ITECEDENT CAUSES CONDITIONS, if a above cause (A) CONDITION lost.  IL CANT CONDITIONS CONTROL CONDITIONS CONTROL CONDITIONS CONTROL CAUSING IT AND THE ADDITION CAUSING IT   | the disease, death.)  ony, giving stating the  ONTRIBUTING THE TO | OPERATION  E OF INJURY (e.g., i  |   | No) 208, IF YES, WERE IN CERTIFYING CA  | FINDINGS CON   | H?                                       |
| DISE rise UND OTH TO DISE 19A. 1 OR CO DEAT OF IT OF I | AN EASES OR IO THE DEAL SIGNIFIC THE DEAL SEASE OR CO DATE OF O  | ITECEDENT CAUSES  CONDITIONS, if obove couse (A) CONDITION lost.  CONDITION Inst.  CONDITION INST.  CONDITION COUSTINE STATE OF THE STATE ON DITION CAUSING INPERATION INPERATION INPERATION IN CAUSING IN CAUSE OF  | the disease, death.)  ony, giving stating the  ONTRIBUTING TET TO THE I,  ONTRIBUTING THE I I I I I I I I I I I I I I I I I I I  | OPERATION  E OF INJURY (e.g., in foctory, street, of Not Whill At Work   | 20A. AUTOPSY? (Yes on nor obout 21C. WHERE DIE fisce bidg., INJURY OCCUR  | Nol 208, IF YES, WERE IN CERTIFYING CA  | FINDINGS CON<br>AUSES OF DEATH<br>re City, give exoc   | H?                                       |
| NOTH TO DISE 19A. 10 DISE 19A.  | AN EASES OR IO THE DEAL EASE OR CO DATE OF O DATE OF O DATE OTTO THE LOTTE ON TRIBUTH THE (notify m ) JURY (ROX.)  | ishenia, etc. Il means icolian which caused ITECEDENT CAUSES CONDITIONS, if above couse (A) CONDITION lost.  IL CANT CONDITIONS COUNTY CONDITIONS COUNTY CONDITIONS COUNTY | the disease, death.)  ony, giving stating the  ONTRIBUTING TED TO THE I.  ONTON FOR WHICH ORMED  21B. PLACE home, formetc.]  (Hour) 21E. INJUST While At Work  attended the dec dalive an SE P.1   | OPERATION  E OF INJURY (e.g., in, foctory, street, of the control  | 20A. AUTOPSY? (Yes or nor obout 21C. WHERE DIE fice bidg., INJURY OCCUR 21F. HOW DID EPTEMBER 7  19.6.7 ond riew the bady after dear                                | Not 208. IF YES, WERE IN CERTIFYING CA  | FINDINGS CON<br>AUSES OF DEATH<br>TRE City, give exoco | H?  ct locofion)  L4 19 6  curred an the |
| NOTH TO DISE 179A. 1 TO DEST 1 | AN EASES OR TO THE DEAL FACE OF O DATE O DA | Sthenia, etc. Il means icolian which caused itecedent causes CONDITIONS, if above couse (A) CONDITION lost.  IL CANT CONDITIONS COUNTY CONDITIONS COUNTY CONDITIONS COUNTY | the disease, death.)  ony, giving stating the  ONTRIBUTING TED TO THE CORMED  21B. PLACE home, form etc.)  (Hour) 21E. INJUE While At Work  attended the dec dalive an SE PT ed above. (II) (We)   | OPERATION  E OF INJURY (e.g., in, foctory, street, of the work)  RY OCCURRED  Not Whill At Work  eased from SE  EMBER 14  (did) (did not) while the work of the work)  M.D. Attention of the work of t | 20A. AUTOPSY? (Yes on or obout 21C. WHERE DID fifice bldg., INJURY OCCUR 21F. HOW DID EPTEMBER 7  19.6.7 ond riew the bady after dear s. Med. pirector 22D. ADDRESS | Not 208. IF YES, WERE IN CERTIFYING CA  (II in Boltimos  INJURY OCCUR?  19 67 to SE P1  I that in (my) (aur) ap  th.  Stoff Phys. | FINDINGS CON<br>AUSES OF DEATH<br>re City, give exoc   | 14 19 6 curred an the                    |

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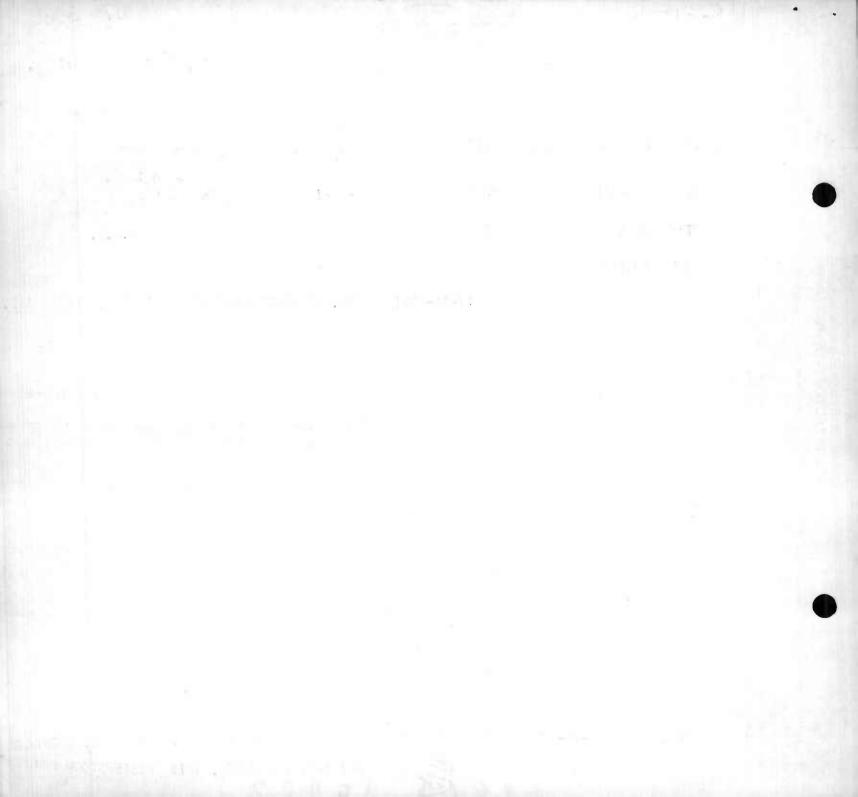
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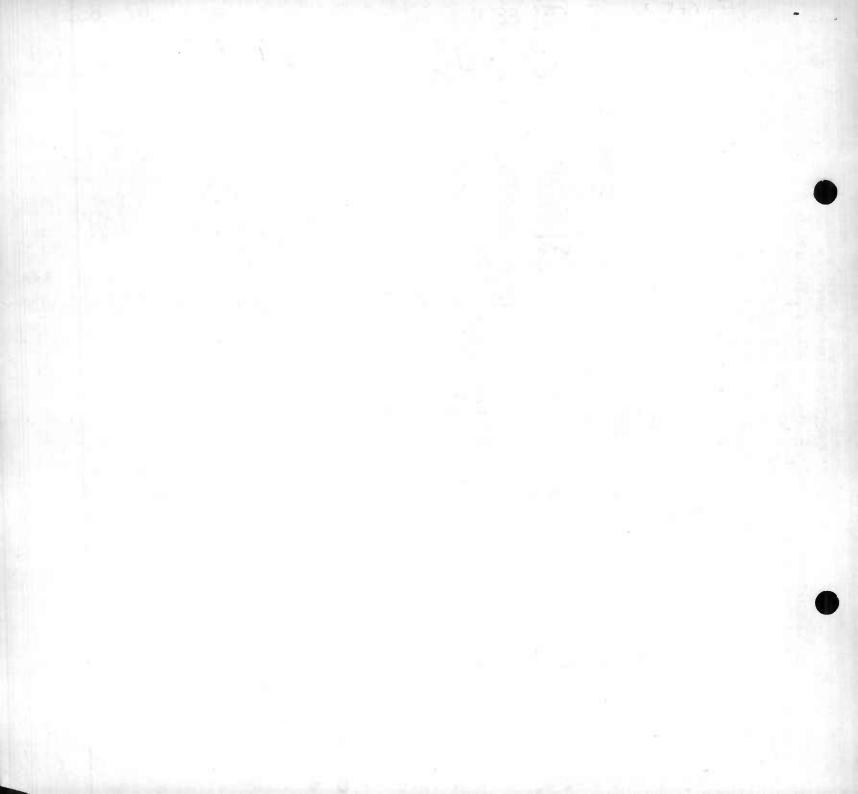
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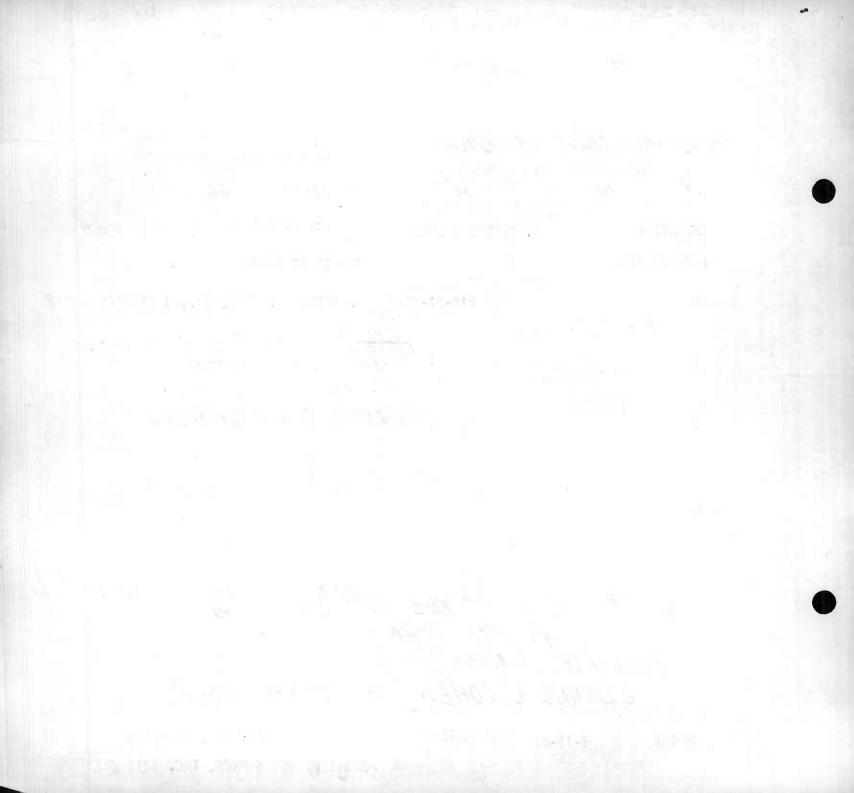
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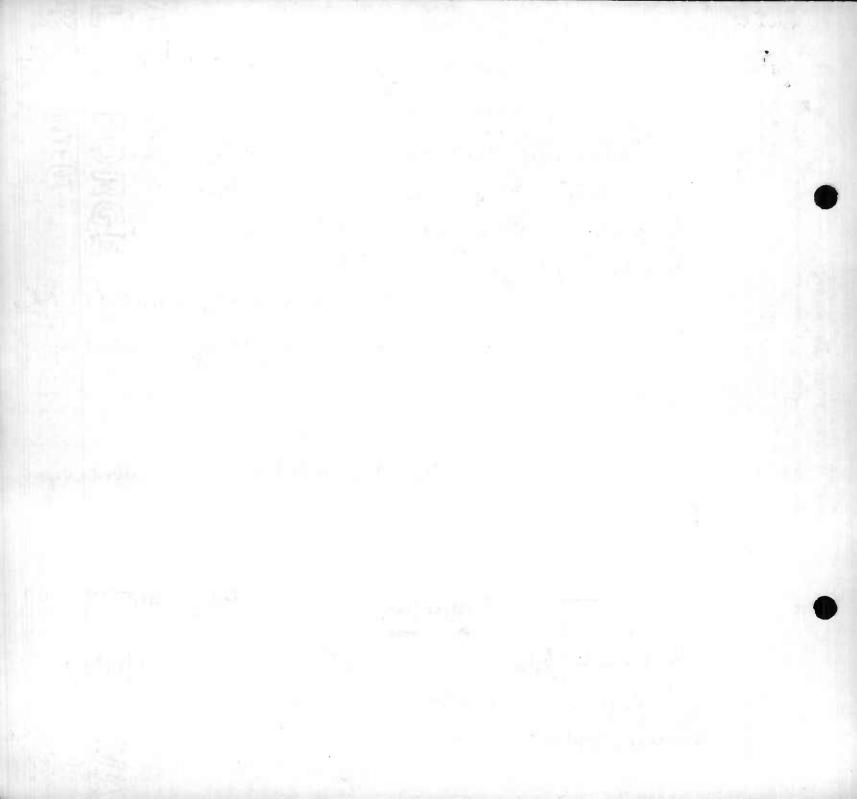


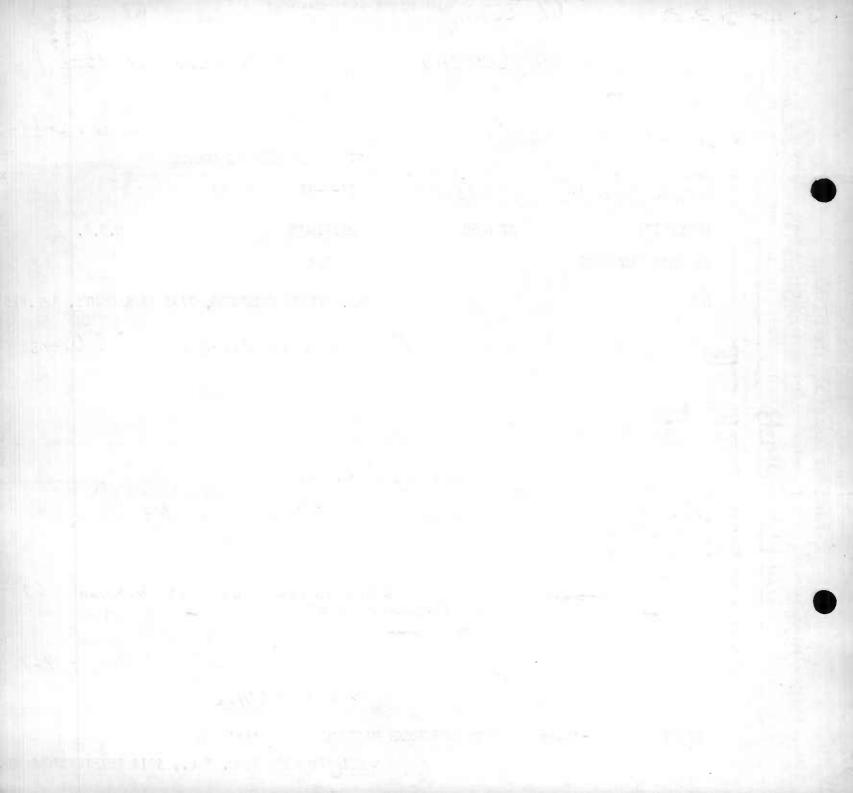
BALTIMORE CITY HEALTH DEPARTMI

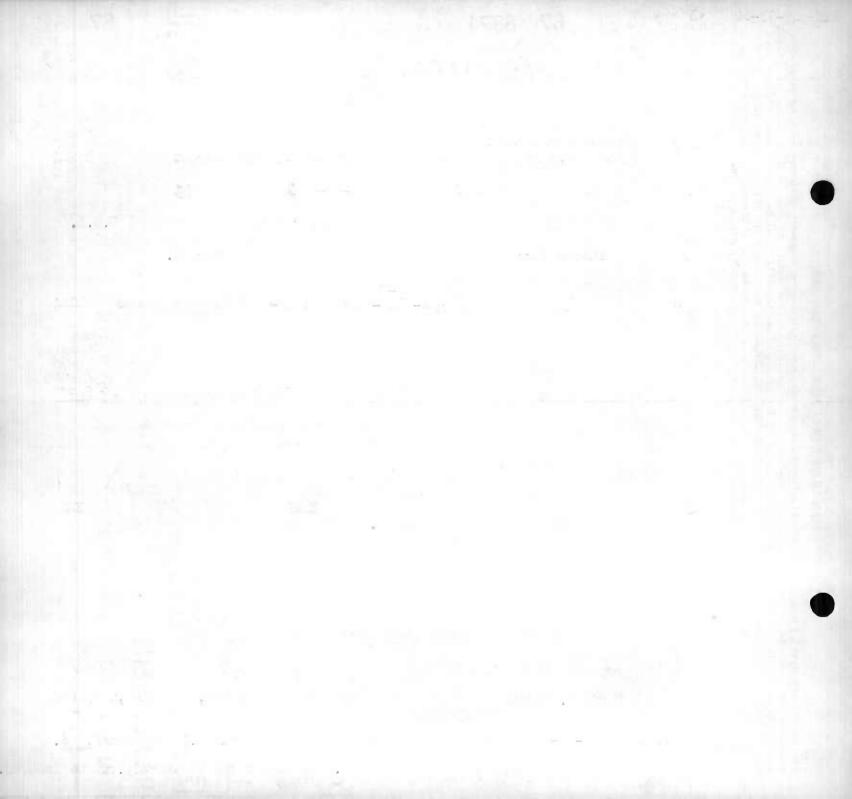
| NT   | 67 8871  |
|--|--|
| H Registered No  |  |
| TE AND HOUR OF DEATH   |  |
| 9/13/6/  | 11:01 PM.  |
| 81270 CO1  | institution: residence before admission)   |
| (If outside city limits, write   | RURAL and give township)   |
| (If rurol, give location)  | 33-00  |
| AVE APT  | 504  |
| 9. AGE (In years last birthday)  | If Under 1 Yr. If Under 24 Hrs.<br>Months Days Haurs Min.  |
| ar fareign country)  | 12. CITIZEN OF<br>WHAT COUNTRY?  |
| 10.  | USA  |
| N NAME   |  |
| INSON  |  |
|  | ADDRESS  |
| B. RIES, JR.,  | 4 RANDALL AVENUE   |
|  | INTERVAL BETWEEN ONSET AND DEATH   |
| 9L FAILURE   | 2/YE   |
| 10 ///LURN   | 2-11L  |
| (110 E MIA)  | · · · · · · · · · · · · · · · · · · ·  |
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| ar No. 208, IF YES, WERI   |  |
| ar No) 208. IF YES, WERIN CERTIFYING C   | E FINDINGS CONSIDERED<br>AUSES OF DEATH?   |
| G OF NO. 208. IF YES, WERIN CERTIFYING C   | E FINDINGS CONSIDERED<br>AUSES OF DEATH?   |
| G OF NO. 208. IF YES, WERIN CERTIFYING C   | E FINDINGS CONSIDERED<br>AUSES OF DEATH?<br>Dre City, give exact lacotion)                                     |
| OID OIL OCCUR?   | E FINDINGS CONSIDERED<br>AUSES OF DEATH?<br>Dre City, give exact lacotion)                                     |
| DID (If in Baltime   | E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact locotion)  |
| S or No! 208, IF YES, WERI IN CERTIFYING COUR?  ID INJURY OCCUR?  19 67 to and that interior (our) are also that interior (our) and that interior (our) are also that int | E FINDINGS CONSIDERED<br>AUSES OF DEATH?<br>Dre City, give exact lacotion)                                     |
| IN CERTIFYING C  DID (If in Baltime  TO INJURY OCCUR?  19 67 to  | E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact locotion)  |
| IN CERTIFYING C  DID (If in Baltime  TO INJURY OCCUR?  19 67 to  | E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact lacotion?  9//3  pinlon death accurred on the date |
| IN CERTIFYING C  DID (If in Baltime  LUR?  19 67 to  and that intany) (our) applicath.   | E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact lacotion?  9//3  pinlon death accurred on the date |
| IN CERTIFYING C  IN CERTIFYING C  IN CERTIFYING C  ID INJURY OCCUR?  19 67 to  and that interior (our) apple ath.    Stoff Phys.   A   HOSP  | E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact locotion)  9//3  pinlon death accurred on the dote |
| DID (If in Baltime IN CERTIFYING COUR?  19 7 to and that in CMP) (our) appearsh.    Al HOSP   CALLED COURT   CA | pinlon death accurred on the dote    23B. DATE SIGNED  |
| DID (If in Baltime IN CERTIFYING COUR?  19 57 to   | pinlon death accurred on the dote    23B. DATE SIGNED  |



|  |  | HEALTH DEPARTMENT                       |                                    | CM 00M0                                |
|--|--|---|------------------------------------|--|
| BIRTH NO. 67 8   | 872 CERTIFICA  | TE OF DEATH                             | Registered Na                      | 01 0012                                |
| T.NAME OF DECEASED (Type or Print)   | is Sydney  | , seste                                 | mher 14                            | 67 6 P.M.                              |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND   |  | A. STATE B. COUNT                       | deceosed lived. If in              | stitution: residence before admission) |
| FULL NAME OF (If not in hospital or instity oddress or location)   | ion, give streetone  | C. CITY OF TOWN III, outs               | ide city limits, write F           | RURAL and give township)               |
| go Ball Mall   | mall Ro  | D. STREET ADDRESS                       | rol, give location)                | 2/-18                                  |
| 5-SEX   6. RACE   7. MAR   | RIED, NEVER MARRIED  | B. DATE OF BIRTH 19                     | . AGE (In years                    | If Under 1 Yr., If Under 24 Hrs.       |
| Male White n   | OWED, DIVORCED (specify)  LOWED  D OF BUSINESS OR INDUSTRY           | lo                                      | ost (mindoy)                       | Months Doys Hours Min.                 |
| done durify most of working life, even if retired)   | overy Store  | Russie                                  | L                                  | WHAT COUNTRY?                          |
| 13. FATHERS NAME Saah Syolne   | 0  | 14. MOTHER'S MAIDEN NAM                 | Cutter                             | Dali                                   |
| 15. Was Deceased Ever in U. S. Armed Forces?<br>(Yes, no or unknown) (If yes, give war ar dates of see                                   | ce) 16. SOCIAL<br>SECURITY NO.                                       | 17. INFORMANT<br>Lemen L. Sy            | plnen-32                           | HI3 old Ct Rd                          |
| 18. / 6 3 X VI - 2 6 0   | CAUSE O  |   |                                    | INTERVAL BETWEEN ONSET AND DEATH       |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   | (A)  | arcinoma of                             | Lung                               | about 1 year                           |
| (This does not meon the mode of dying,<br>heart failure, asthenio, etc. It meons the dis-<br>injury or complication which caused death.) |  | +                                       | 8                                  |  |
| ANTECEDENT CAUSES  | DUE TO   |   |                                    |  |
| DISEASES OR CONDITIONS, if any, girise to the obave cause (A) stating UNDERLYING CONDITION last,   |  | >>>>> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |                                    |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.                                | UTING Diebel   | us Mellitus                             |                                    | about 30 years                         |
|  | FOR WHICH OPERATION  | 20 A. AUTOPSY? (Yes or No)              | 208, IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED USES OF DEATH?     |
| OR CONTRIBUTING CAUSE OF   | 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) | fice bldg., INJURY OCCUR?               | fff in Boltimore                   | e City, give exact location)           |
| 21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)   | 21E. INJURY OCCURRED  While At Not While Work At Work                | 21F. HOW DID INJU                       | RY OCCUR?                          |  |
| 22. I certify that (I) (this hospital) attend  | led the decreased from   | 1:                                      | 9 La 210                           | Sept 14 196).                          |
| that (I) (we) last saw the deceased alive  | 1 1  |   | t in(my) <del>(aur)</del> apl      | nian death accurred an the date        |
| 23A SIGNATURE  |  |   |                                    | 23B. DATE SIGNED                       |
| Jul ms L. Isluc  | Phy:   | s. Director                             | Stoff<br>Phys.                     | 91467                                  |
| 23C. PHYSICIAN'S<br>NAME (Type)  | GLUCK M.D.   | 5356 Rea                                | steislaur                          | ~ Road                                 |
|  | C NAME of CEMETERY OF CRE  | MATORY 240. LO                          | CATION , (C)                       | ty, town, or county) (Stote)           |
| PREMOVAL (Specify) Sent 15/67  | Leucaln  | P                                       | withours                           | o. Phase Island                        |
| Kernoval Sept 13/67  | Lincaln ME OF REGISTRAR  | 25C. FUMERAL DIRECTOR                   | 12 ans                             | e Rhode Islan                          |







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Johns Hoomms Host

Major Busher

Lance are let man But the 315-03-5859 Mustiple Hydenia 7 6 months Del Spaulding 9/15/67 Buts Ind . Built 9/18/67 Louis Pack tim. He f Errando In 94 Holland

| BIRTH NO.                                 | 6  | ( XX')')   | ATE OF DEATH Register                             | ed No. 67 8877  |
|---|--|--|---|---|
| M.E. CASE NO.                             | EASED 11   |  | 2. DATE AND HOUR OF                               | DEATH   |
| (Type or Print)                           | TT   | la au ala  | 9- 14- 196  |   |
| PLACE OF DE                               | Mary E   | DOUGH  |   | ed. If institution: residence before odmission)               |
| . FEACE OF DEA                            | ATH IN BALIMORE, MA  | REARD  | A. STATE B. COUNTY                                | ed. If institution, residence before build's stony            |
| FULL NAME O<br>HOSPITAL OR<br>INSTITUTION | OF (If not in hospital address or location                       | or institution, give street                                    | Md.  C. CITY OR TOWN (If outside city limits      | , write RURAL and give township)                              |
| 00  | 1807 Ediso   | on Highway   | B altimore D. STREET ADDRESS (If rurol, give loco |   |
|   |  |  | 1807 Edison Highway                               |   |
| 5. SEX                                    | 6. RACE  | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)          | B. DATE OF BIRTH 9. AGE (In yellost birthdoy)     | ors If Under 1 Yr. If Under 24 Hrs.<br>Months Doys Hours Min. |
| Female                                    | White  | Widowed  | 12-11-1872  | 0).   |
|   |  | 10B. KIND OF BUSINESS OR INDUST                                | RY 11. BIRTHPLACE (State or foreign country)      | 12, CITIZEN OF  |
|   | working lile, even if retired)                                   |  |   | WHAT COUNTRY?   |
| Hou                                       | sewife   | Housewife  | Baltimore, Maryland                               | U.S.A.  |
| 3. FATHER'S NAM                           | ME   |  | 14. MOTHER'S MAIDEN NAME                          |   |
|   |  | arr II   |   |   |
|   | deorge   | W. Hardesty  | martha Ch   | ester   |
|   | Ever in U. S. Armed For  |  | 17. INFORMANT                                     | ADDRESS   |
| Yes, no or unknown                        | (If yes, give wor or dote  | s of service) ECURITY NO.                                      |   |   |
| No  |  | ione   | Mrs Florence H. Lutz                              | 1807 Edison Highway   |
| 18. 11 0                                  | 0.01   |  | OF DEATH  | INTERVAL BETWEEN  |
| 7 00                                      | 010  |  |   | ONSET AND DEATH   |
| DISEAS                                    | SE OR CONDITION DIF<br>LEADING TO DEATH                          | RECTLY SECOND  | and one The Val                                   | no 5 done   |
| 470.                                      |  | ··· ~ T 6 (A)  | o con james                                       | 2-009   |
| (This does n                              | not mean the mode of<br>asthenia, etc. It means                  | dying, e.g.  |   |   |
|   | nplication which coused  |  | 130   | , 100   |
|   |  | THOUSE I   | 108clenari  | C. 13 Fear  |
| ,   | ANTECEDENT CAUSES  | DUE TO   |   |   |
| DISEASES C                                | OR CONDITIONS, if  |  | gart 1) stas                                      | 5   |
|   | e abave cause (A)  |  |   |   |
| UNDERLYING                                | G CONDITION last.  | 0 3  |   |   |
|   | 11   | - C  |   |   |
| E TO THE D                                | IFICANT CONDITIONS C<br>EATH BUT NOT RELA<br>CONDITION CAUSING I | TED TO THE   | ×   |   |
| U 19A. DATE OF                            |  | DITION FOR WHICH O ERATION                                     | 20A. AUTOPSY? (Yes or No.) 20B. IF YES.           | WERE FINDINGS CONSIDERED                                      |
| HE O                                      | WAS PER  |  |   | NG CAUSES OF DEATH?   |
| 8   |  |  |   |   |
| OR CONTRIBL                               | NT WAS UNDERLYING UTING CAUSE OF medical examiner                | 21 B. PLACE OF INJURY (e.g. home, form, loctory, street, etc.) | office bldg., INJURY OCCUR?                       | Boltimore City, give exoct location)                          |
| 21 D. TIME<br>OF INJURY                   | (Month) (Doy) (Year)   | (Hour) 21E INJURY OCCURRED                                     | 21 F. HOW DID INJURY OCCUR?                       |   |
| OF INJURY                                 | (Monini, (Doy) (160)   |  |   |   |
| (APPROX.)                                 |  | While At Wo  |   |   |
| 20.1                                      | .1 . (1) (.1   |  |   | 01 50 1 1 - ··  |
| 22. I certify                             | that (I) (this hospital  | ) attended the deceased from                                   | 19_5_O_to_  | 19  |
| that (I) (we)                             | last saw the decease   | d alive an   | 19and that in(my) (a                              | our) opinion death accurred on the da                         |
|   | 11   | -1-L- (1) (W ) (1:1) (1:1                                      |   |   |
|   |  | ted above. (1) (We) (did) (did nat)                            | view the body after death.                        |   |
| 23A, SIGNATU                              | JRE /  | 1 200 ;  |   | 23B. DATE SIGNED  |
|   |  | M.D. A   | ttending Med. Stoff Phys.                         | 9/  |
| 22C BUYELS                                | ame  | 4  | <u>'</u> '  |   |
| 23C. PHYSICIA                             | (ype)  | /  | 23D. ADDRESS                                      | 1   |
|   |  | M.I  | 0.  |   |
|   |  | 24C. NAME of CEMETERY of C                                     | REMATORY 24D. LOCATION                            | (City, lown, or county) (State)                               |
| 24A. BURIAL CRE                           | MATION, 24B, DATE<br>Specily)                                    |  |   |   |
| 24A. BURIAL CRE.                          | Specily)   |  |   |   |
| Parial Burial CRE                         | Specily) 9-16-1  | 967 Carrollton Cem   | etery Carllton                                    | Cerroll Md.   |
| RAA. BURIAL CRE. REMOVAL ()               | Specily) 9-16-1  |  | etery   | Cerroll ADDRESS 34  |
| 4A. BURIAL CRE<br>REMOVAL                 | Specily)   | 967 Carrollton Cem   |   | Corroll ADDRESS 36  |

Cardin Triller The state of the s John R. Dones 67 8878

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7 8878

| E. CASE NO.            |  |                        |  |   |   |   |
|------------------------|--|------------------------|--|---|---|---|
| NAME OF DEC            | EASED NORMAN   |                        |  | 2. D/                                   | ATE AND HOUR PRONOUNC                   | ED DEAD   |
| RI                     | EV. NORMAL D.  | MARKS S                | SR.  | S                                       | eptember 14, 19                         | 67   5:45 p.m.  |
| CERT                   | THE CAT  | HERE PRONOU            | FNDED  | 4. USUAL RESIDENCE<br>A. STATE<br>Marvl | (Where deceased lived, If ins<br>B. COI | JNTY David and signal |
| SPITAL OR              | ADDRESS OR LOC   | ATION)                 | 9-20-67  | C. CITY OR TOWN                         | If outside corporate limits, write      | 21.221  |
| 1                      |  |                        |  | Baltimo                                 | re                                      | ARA 5   |
| City H                 | Hospital D.C   | .A.                    |  |   | (If rurol, give location)               |   |
| 164.                   |  |                        |  |   | 633 Williams Av                         |   |
| EX                     | 6. RACE  |                        | NEVER MARRIED<br>DIVORCED (specily)                  | B. DATE OF BIRTH                        | 9. AGE (In years<br>lost birthday)      | Months Doys Hours Min.  |
| fale                   | White  |                        | Married  | March 144,                              | 1899 68                                 | 12 6171711 05   |
|                        | JPATION (Give kind of wor<br>working life, even if retired)                | kilos, KIND OF         | BUSINESS OR INDUSTRY                                 | III. BIRIMPLACE (STOTE                  | or foreign country?                     | 12. CITIZEN OF<br>WHAT COUNTRY?   |
|                        | ectionest  | ?                      |  | Maryla                                  |   | U. S.A.   |
| FATHER'S NAW           |  |                        |  |   | ?                                       |   |
| Harry                  |  |                        | 14 50 5141   | Louise                                  |   | ADDRESS CO. C.C.  |
| , no or unknown        | D EVER IN U.S. ARME  | es of service)         | 16. SO CIAL<br>SECURITY NO.                          |   |   | 21.2.21   |
| Yes                    | W Wwl  |                        |  | Mrs. Evelyn                             | Mathews Marks                           | 1633 William Ave.   |
| 1B. 1/2                | 2.1  |                        | CAUSE  | OF DEATH                                |   | INTERVAL BETWEEN<br>ONSET AND DEATH   |
| DISEA                  | SE OR CONDITION D  | IRECTLY                |  |   |   |   |
| (This does a           | LEADING TO DEAT  |                        | (A) Art  | erioscleroti                            | c Cardiovascula                         | r   |
| he ort foilure,        | not meon the mode o<br>, osthenia, etc. It meon<br>mplication which caused | s the disease,         | DUE 10   | Dis                                     | ease                                    |   |
|                        | mprooner winer cooca   | 400                    |  |   |   |   |
|                        | ANTECEDENT CAUSI   |                        | ( B)   |   |   |   |
|                        | OR CONDITIONS, IF  |                        | DUE TO   |   |   |   |
| UNDERLYIN              | NG CONDITION LAST.   |                        | (C)  |   |   |   |
|                        |  |                        | 1 7/   |   |   |   |
| TO THE                 | II NIFICANT CONDITIONS DEATH BUT NOT R R CONDITION CAUSIN                  | ELATED TO THE          |  |   |   |   |
| 19A. DATE OF           | OPERATION 198. CO  |                        | WHICH OPERATION                                      | 20A. AUTOPSY? (Yes                      | or No. 20B. IF YES, WERE F              |   |
| 0                      |  |                        |  | NO                                      |   |   |
| UNDERLYING             | OR CONTRIB-  | 21 B.<br>home<br>etc.) | PLACE OF INJURY (e.g.,<br>, form, foctory, street, o | in or obout 21C. WHER                   | E DID (If in Boltimore City, g<br>CUR?  | ive exact location)   |
| 21 D TIME              | (Month) (Doy) (Ye  | or) (Hour) 2           | IE. INJURY OCCURRED                                  | 21 F. HOW 0                             | DID INJURY OCCUR?                       |   |
| OF INJURY<br>(APPROX.) |  | m V                    | VHILE AT NOT   | WHILE                                   |   |   |
| 22.                    | tify that I held on  |                        |  |   | et on this bosis, death in              | my aninlan  |
|                        |  |                        |  |   |   |   |
| resul                  | Ited from: Natural co  | ouses A A              | ccident Suicid                                       |   | Cares                                   | er  |
| ACTUA                  |  | Mon                    | her M.D  | ASSISTANT MEDIC                         | CAL EXAMINER X                          | DATE SIGNED   |
| EXAMIN                 | NER'S  |                        |  |   | CAL EXAMINER                            |   |
| NAME (                 | 2,000  | ell S. F               | isher, M.D.  | CREALATORY                              |   | eptember 15, 1967<br>(, town, or county) (Stote)  |
| MOVAL (Specif          | y)   |                        | C. NAME of CEMETERY                                  |   |   |   |
| Burial                 | 9/19   | 0/67                   | Baltimo  | re National                             | Baltimore, 1                            |   |
| A. DATE REC'D          | BY HEALTH DEPT.  | 24B. NAME              | OF REGISTRAR   | 24C. FUNERAL D                          | IRECTOR                                 | ADDRESS 21225   |
| -9                     | SEP 1 8 1967   | Robert                 | Fallina  | mecul                                   | ly Funeral Home 2                       | 37 Patapsco Ave.  |
|                        |  | HOWELL                 | A Markon La  | 0 0 8                                   | 1 8                                     | -   |

v.s. 153 9-20-67 M.H.

THERENTON

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Mrs Doretty Fluespert in

PROBLEM OF KIND PENNE AREA

ARTEROSSCURROTYC CREDIONISCULARS
DUSENSE. C. ADVANCED TRIMPRIANE
ARTEROSSCUERRING

Larry Horner

248 NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV, 1/1/65

V.S. 153 9-20-67 M.H.

VS 151-REV. 1/1/65

67 8881 BALTIMORE CITY HEALTH DEPARTMENT

AMEDICAL FYAMINER'S CERTIFICATE OF DEATH Registered No. 67 8881

| M.E. CASE NO.  |  |   |                                     |  |  |                              |  |  |
|--|--|---|-------------------------------------|--|--|------------------------------|--|--|
| NAME OF D  | DECEASED   |   | WHITELEATH                          | ER   | September 15,  |                              |  |  |
| PLACE IN BA  | LTIMORE MARYLAND, W  | HERE PRONOL   | JNCED DEAD                          | 4. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before odmission Maryland Baltimore  |  |                              |  |  |
| ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) STITUTION  |  |   |                                     | C. CITY OR TOV   | VN (If outside corporate limits, v   | -0                           |  |  |
| Mercy  | y Hospital (DO   | A)  |                                     | Baltimo<br>D. STREET ADDI<br>6420  | RESS (If rurol, give locotion)   | riel Ave.                    |  |  |
| . sex<br>Male  | 6. RACE White  |   | NEVER MARRIED DIVORCED(specify) 1ed | B. DATE OF BIRTI   | 9. AGE (In year lost birthday)   | Months, Doys, Hours, Min.    |  |  |
| Speci.   | CUPATION (Give kind of world working life, even if refired) all Purchase   |   | imore Fed.                          | Ohio   | State or foreign country)  | 12. CITIZEN OF WHAT COUNTRY? |  |  |
| 3. FATHER'S NA<br>Mark   | Whiteleathe  | er  |                                     | Carrie   | Edwards  |                              |  |  |
| S. WAS DECEA   | SED EVER IN U.S. ARMED   | FORCES?   | 16. SO CIAL<br>SECURITY NO.         | 17. INFORMANT  |  | ADDRESS                      |  |  |
| No   | No   | s of service  | 145-10-0223                         | Margar   | et Whiteleathe   | er Same as # 4               |  |  |
| DISE   | ASE OR CONDITION DI<br>LEADING TO DEATH  |   |                                     | OF DEATH   | c Cardiovascular   | INTERVAL BETWEEN             |  |  |
| injury or c  | ire, osthenio, etc. tt meons<br>complication which coused  | the disease, death.)  | DUE TO                              |  |  |                              |  |  |
| DISEASES<br>RISE TO T  | ANTECEDENT: CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) ST YING CONDITION LAST.  III REGNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING  | CONTRIBUTING  | (B)<br>DUE TO<br>(C)                |  |  |                              |  |  |
| DISEASE RISE TO TUNDERLY OTHER SITO THE DISEASE  | ANTECEDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) ST THE ABOVE CAUSE (A) ST THE ABOVE CONDITION LAST.  II IGNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198. CON WAS PER   | CONTRIBUTING TO   | (B) DUE TO  (C)                     | No   |  | AUSES OF DEATH?              |  |  |
| DISEASE RISE TO TUNDERLY OTHER SITO THE DISEASE TO A DATE OF THE DISEASE TO A DATE OF THE DISEASE TO THE DISEAS | ANTECEDENT CAUSE  S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S' YING CONDITION LAST.  II GONIFICANT CONDITIONS OR CONDITION S OR CONDITION CAUSING OF OPERATION 198. CON  | CONTRIBUTING THE LATED TO TE SIT. IDITION FOR V   | (B) DUE TO  (C)                     | No<br>in or about 21C. V   | HERE DID (If in Boltimore City,  | AUSES OF DEATH?              |  |  |
| DISEASE' RISE TO TUNDERLY OTHER SI TO THE DISEASE 19A. DATE C  | ANTECEDENT CAUSE  S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S' YING CONDITION LAST.  II IGNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198. CON WAS PER IAL CAUSE WAS GOOR CONTRIB-  | CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTION LATED TO TO SIT.  PORMED  21 B. home, etc.,  () (Hour) 2                     | (B)                                 | NO in or obout 21C. Voffice bldg., INJURY 21F. HG  | HERE DID (If in Boltimore City,  | AUSES OF DEATH?              |  |  |
| DISEASE RISE TO TUNDERLY  OTHER SITO THE DISEASE  19A. DATE OF INJURY (APPROX.)  22. 1 ce  | ANTECEDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) ST YING CONDITION LAST.  II IGNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 19B. CON WAS PER IAL CAUSE WAS GOOR CONTRIB- AUSE OF DEATH.  (Month) (Doy) (Yeo)   | CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  LATED TO T.  OIT.  IDITION FOR V.  FORMED  () (Hour) 2  m. V.  mquiry   | (B)                                 | No in or obout 21C. V office bldg, INJURY 21F. H OVALLE  | /HERE DID (If in Boltimore City, OCCUR?  | AUSES OF DEATH?              |  |  |
| DISEASE RISE TO TUNDERLY OTHER SITO THE DISEASE 19A. DATE OF UNDERLYING UTING CA 21A. EXTERN UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.) 22. 1 ce   | ANTECEDENT CAUSE  S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S' YING CONDITION LAST.  II IGNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING  OF OPERATION 198. CON WAS PER  IAL CAUSE WAS GOOR CONTRIB- AUSE OF DEATH.  (Month) (Doy) (Yeol  | CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  LATED TO T.  OIT.  IDITION FOR V.  FORMED  () (Hour) 2  m. V.  mquiry   | (B) DUE TO  (C)                     | NO in or obout 21C. V office bldgs, INJURY 21F, HG VORK topsy one Homici CHIEF M                         | IN CERTIFYING CAMERE DID (If in Boltimore City, OCCUR?  DW DID INJURY OCCUR?  If that on this bosis, deoth is de Undetermined mo                           | n my opinion                 |  |  |
| DISEASE RISE TO TUNDERLY OTHER SITO THE DISEASE 19A. DATE COUNDERLYNCUTING CA 21A. EXTERN UNDERLYNCUTING CA 21D TIME OF INJURY (APPROX.) 22. 1 cc res ACTU. SIGNA EXAMI  | ANTECEDENT CAUSE  ANTECEDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S' YING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198. CON WAS PER  IAL CAUSE WAS GOOR CONTRIB- AUSE OF DEATH.  (Month) (Doy) (Yeo)  Pertify that I held on 1 Tulted from: Natural cause of Cause Was and Cause Was | CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  LATED TO T.  OIT.  IDITION FOR V.  FORMED  () (Hour) 2  m. V.  mquiry   | (B)                                 | NO in or obout 21C, V office bldg., INJURY  VHILE topsy one CHIEF M ASSISTANT M                          | IN CERTIFYING CAMERE DID (If in Boltimore City, OCCUR?  DW DID INJURY OCCUR?   | n my opinion                 |  |  |
| DISEASE RISE TO TUNDERLY OTHER SITO THE DISEASE 19A. DATE COUNDERLYNCUTING CA 21A. EXTERN UNDERLYNCUTING CA 21D TIME OF INJURY (APPROX.) 22. 1 cc res ACTU. SIGNA EXAMI  | ANTECEDENT CAUSE  S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S' YING CONDITION LAST.  II IGNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSINO OF OPERATION 198. CON WAS PER IAL CAUSE WAS AUSE OF DEATH.  (Month) (Doy) (Yeol  Pertify that I held on 1  Fulted from: Natural causing AL TURE  INER'S Werner (Type)  REMATION, 238. DATE  | CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  LATED TO T  TIT.  IDITION FOR V FORMED  1) (Hour) 2  W. V  U. STATE  31 | (B)                                 | NO in or obout 21C, V office bldg, INJURY  WHILE  topsy One CHIEF M ASSISTANT M ASSOCIATE M or CREMATORY | IN CERTIFYING CAMERE DID (If in Boltimore City, OCCUR?  If that on this bosis, deoth It de Undetermined mo EDICAL EXAMINER EDICAL EXAMINER EDICAL EXAMINER | n my opinion  DATE SIGNED    |  |  |

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VS 150-REV. 1/1/65

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THE MENTAL (MILITED LETT) THE ORIGINAL STREET

CITCH HISKEYS AND ALL AND WILLIAM HORPIT-L RECORDS - ST. MAKES HOSPITHUL

Manager and the state of the st

VS 151-REV. 1/1/65

| A.E. CASE NO.  |  |   |   |  |  |  |   |  |  |
|--|--|---|---|--|--|--|---|--|--|
| NAME OF DE   | ECEASED  |   |   |  |  | HOUR PRONOUNC  |   |  |  |
| JOHN   | W.   |   | HOUSE   |  | Sept   | ember 14, 1  | .967 9:05 A.  |  |  |
|  | PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET   |   |   |  | 4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission A. STATE  Maryland |  |   |  |  |
| OSPITAL OR   | ADDRESS OR LOCA  | ATION)  | SHON, GIVE SIKEEL   |  | 'N (If autside   | corporate limits, write  | RURAL and give township)  |  |  |
| 321 Sc   | ott St. , Bal  | to., Md.  | · 2 <del>1</del> 230  | D. STREET ADDR   | ESS (If rural,   | give lacation)   |   |  |  |
|  |  |   |   | 321 Sc   | ott St.  |  | 21230   |  |  |
| SEX  | 6. RACE  |   | NEVER MARRIED<br>DIVORCED(specify)                          | 8. DATE OF BIRTH   |  | 9. AGE (In years<br>lost birthday)                               | If Under 1 Yr. If Under 24 H<br>Manths, Days, Hours, Min                          |  |  |
| Male   | White  |   | ed-Separated  | 6/28/02  |  | 65   | Monins Doys Hours Mil   |  |  |
| OA. USUAL OCC  | CUPATION (Give kind of wor   |   |   |  | State or foreign   |  | 12. CITIZEN OF  |  |  |
| one during most of<br>Reti:  | f working life, even if retired)   |   |   | Manula   | n d  |  | WHAT COUNTRY?   |  |  |
| FATHER'S NA  |  |   |   | Maryla   |  | \$   | USA   |  |  |
| Char   | log House  |   |   |  |  |  |   |  |  |
|  | les House  | FORCES?   | 16. SO CIAL   | L<br>17. INFORMANT   | . Schre  | iver   | ADDRESS   |  |  |
| es, na ar unknaw   | in all the service was as dote   | es of service)  | SECURITY NO.  | IV. INFORMANT  |  |  | ADDRESS   |  |  |
| No   |  |   | 217-07-2036   | Mr. Har  | old Hou  | se 1022 Mi   | Imington Ave. 21  |  |  |
| 18.  | 2 V  |   |   | OF DEATH   | ora noa  | SC, TOZZ WI  | INTERVAL BETWEE   |  |  |
| (This does<br>heart foilure<br>injury or co  | ASE OR CONDITION DI<br>LEADING TO DEATH<br>not meon the mode of<br>e, osthenio, etc. It means<br>omplication which coused  | dying, e.g.,<br>s the disease,<br>death.l   | DUE TO (B)  | inoma of I   | ung  |  | ONSET AND DEAT  |  |  |
| (This does head foilure injury or co   | LEADING TO DEATH- not meon the mode of e, osthenio, etc. It means omplication which coused  ANTECEDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST.  II GNIFICANT CONDITIONS   | dying e.g., sthe discose, deoth.l  S ANY, GIVING TATING THE   | DUE TO  (BI   | inoma of I   | ung  |  | ONSET AND DEAT  |  |  |
| (This does head foilure injury or co   | LEADING TO DEATH not meon the mode of e, osthenio, etc. It means omplication which coused  ANTECEDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST.  III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING  | dying e.g., deoth.l  S ANY, GIVING TATING THE  CONTRIBUTING LATED TO T  | (B)(C)  |  |  |  |   |  |  |
| OTHER SIGN TO THE DISEASE OF THE DIS | LEADING TO DEATH- not meon the mode of e, osthenio, etc. It means omplication which coused  ANTECEDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 19B. CON WAS PER  | dying e.g., deoth.l  S ANY, GIVING TATING THE  CONTRIBUTING LATED TO T G IT.  NOTION FOR T FORMED   | DUE TO  (BI  DUE TO  (C)  NG HE  WHICH OPERATION            | 20A. AUTOPSY?  | (Yes or No) 2  | N CERTIFYING CAUS  | NDINGS CONSIDERED<br>SES OF DEATH?  |  |  |
| OTHER SIGNATION OF THE DISEASE OF TH | LEADING TO DEATH not meon the mode of, osthenic, etc. It means omplication which coused  ANTECEDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198. CON  | dying e.g., deoth.l  S ANY, GIVING TATING THE  CONTRIBUTII LATED TO T G IT. HDITION FOR 1 FORMED  | (B)(C)  | 20A. AUTOPSY? No   | (Yes or No) 2  | N CERTIFYING CAUS  | NDINGS CONSIDERED<br>SES OF DEATH?  |  |  |
| (This does heart foilure injury or continuity or continuit | LEADING TO DEATH- not meon the mode of c, osthenio, etc. It means omplication which coused  ANTECEDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S. ING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198. CON WAS PER AL CAUSE WAS   | dying e.g., s the discose, deoth.l  S ANY, GIVING TATING THE  CONTRIBUTII LATED TO T G IT.  IFORMED  21 B. home etc.l   | DUE TO  (BI   | 20A. AUTOPSY? NO in ar about 21C. W ffice bldg., INJURY  | (Yes or No) 2  | N CERTIFYING CAUS  | NDINGS CONSIDERED<br>SES OF DEATH?  |  |  |
| OTHER SICTORY OT | LEADING TO DEATH- not meon the mode of, osthenio, etc. It means omplication which coused  ANTECEDENT CAUSE  OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST.  III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 19B. CON WAS PER  AL CAUSE WAS GOOD CONTRIB- USE OF DEATH.  (Month) (Day) (Yeo  | dying e.g., dothal  S ANY, GIVING TATING THE  CONTRIBUTING LATED TO T G IT.  POINTON FOR  121 B. home etc.  11 (Hour)  2 M. M | DUE TO  (BI   | 20A. AUTOPSY? No in at about 21C. Waffice bldg., INJURY 21F. HC  | (Yes or No) 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | N CERTIFYING CAUS  | NDINGS CONSIDERED<br>SES OF DEATH?  |  |  |
| OTHER SIGN TO THE DISEASE OF INJURY (APPROX.)   | LEADING TO DEATH- not meon the mode of, osthenio, etc. It means omplication which coused  ANTECEDENT CAUSE  OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST.  III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198, CON WAS PER  AL CAUSE WAS LOR CONTRIB- USE OF DEATH.   | dying e.g., s the discose, deoth.l  S ANY, GIVING TATING THE  CONTRIBUTII LATED TO T G IT.  JOHNON FOR  PRORMED  21 B. home etc.l  m. V  Inquiry                  | DUE TO  (BI   | 20A. AUTOPSY? NO in ar about 21C. W ffice bldg, INJURY 21F. HC   | (Yes or No) 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | N CERTIFYING CAUS  | NDINGS CONSIDERED SES OF DEATH?  ve exact lacation)                               |  |  |
| OTHER SICTORY OT | LEADING TO DEATH- not meon the mode of, osthenio, etc. It means omplication which coused  ANTECEDENT CAUSE  OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST.  III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 19B. CON WAS PER AL CAUSE WAS GOT CONTRIB- USE OF DEATH.  (Month) (Day) (Yeo  | dying e.g., s the discose, deoth.l  S ANY, GIVING TATING THE  CONTRIBUTII LATED TO T G IT.  JOHNON FOR  PRORMED  21 B. home etc.l  m. V  Inquiry                  | DUE TO  (BI DUE TO  (C) | 20A. AUTOPSY? NO in ar about 21C. W ffice bldg., INJURY 21F. HC VORK topsy ond e Homicle CHIEF ME                              | (Yes or No)  | RY OCCUR?  S bosis, death In madetermined manner                 | NDINGS CONSIDERED SES OF DEATH?  ve exact lacation)                               |  |  |
| OTHER SIGN TO THE DISEASE OF INJURY (APPROX.)  21   | LEADING TO DEATH- not meon the mode of the observation of the mode | dying e.g., s the discose, deoth.l  S ANY, GIVING TATING THE  CONTRIBUTII LATED TO T G IT.  JOHNON FOR  PRORMED  21 B. home etc.l  m. V  Inquiry                  | DUE TO  (BI DUE TO  (C)                                     | 20A. AUTOPSY? NO in ar about 21C. Waffice bldg., INJURY 21F. HO ORK topsy ond  | HERE DID (III OCCUR?  W DID INJUIT  that on this  Se U   | AMINER   | NDINGS CONSIDERED SES OF DEATH?  ve exact location)  ny oplnion  pr               |  |  |
| OTHER SIC TO THE DISEASE OF TO | LEADING TO DEATH- not meon the mode of the | dying e.g., s the discose, deoth.l  S ANY, GIVING TATING THE  CONTRIBUTII LATED TO T GIT.  IFORMED  21 B. home etc.l  IN (Hour)  U. Spi                           | DUE TO  (BI DUE TO  (C)                                     | 20A. AUTOPSY?  NO in ar about 21C. W office bidg., INJURY  21F. HC ORK  COPSY ond e Homicia CHIEF ME ASSISTANT ME ASSOCIATE MI | that on this de Unical EXA   | RY OCCUR?  S bosis, death In mandetermined monner  AMINER AMINER | NDINGS CONSIDERED SES OF DEATH?  ve exact location)  ny opinion  pr   DATE SIGNED |  |  |

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Mary Carl

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| M.E. CASE NO.   | MEDICA  | L EXAMINER'S C  | EKTIFICATE OF  |   |                                     |
|---|---|---|--|---|-------------------------------------|
| 1. NAME OF DECEASED   | C.  |   | 2. DATE AN   | ID HOUR PRONOUNCE   | D DEAD                              |
| 3. PLACE IN BALTIMORE   | TON SMITH   | PRONOUNCED DEAD   | 4. USUAL RESIDENCE (Where  | ember 13, 196 deceosed lived. If instit   | tution: residence before odmission) |
| FULL NAME OF (IF HOSPITAL OR INSTITUTION  | F NOT IN HOSPITAL OR<br>DDRESS OR LOCATION)   | INSTITUTION, GIVE STREET  | C. CITY OR TOWN (If outside  | de corporate limits, write  | RURAL and give township)            |
| Lutheran H  | Hospital D.O  | .A.   | Baltimore D. STREET ADDRESS (If ruro)  | , give locotion)<br>8th Street  |                                     |
| 5. SEX 6. RAC   | WIDO  | ARRIED, NEVER MARRIED<br>DWED, DIVORCED(specify)  | B. DATE OF BIRTH May 19, 1947  | 9. AGE (In years lost birthday) 20  | Months Doys Hours Min.              |
|   | ON (Give kind of work 10B. K  | AND OF BUSINESS OR INDUSTR  | Y 11. BIRTHPLACE (State or forei   | gn country)   | 12. CITIZEN OF<br>WHAT COUNTRY?     |
| Laborer   |   |   | Wilson, N. C.  | A.F.  | U.S.A.                              |
| Nathaniel F   | H. Smith  |   | Lavenia Batt   |   |                                     |
| 15. WAS DECEASED EVE<br>(Yes, no or unknown) (If yes<br>No  |   |   | 17. INFORMANT  Lavenia S. Gai  | rdner - 1842  | E. 286h St.                         |
| (This does not me heart failure, osther   | CONDITION DIRECTL<br>DING TO DEATH<br>eon the mode of dying<br>inia, etc. It meons the di<br>ion which coused deoth.) | Y   | Gunshot wound  | of head   | INTERVAL BETWEEN ONSET AND DEATH    |
| ANTEC<br>DISEASES OR CO   | CEDENT CAUSES ONDITIONS, IF ANY, GOVE CAUSE (A) STATING   |   |  |   |                                     |
| OTHER SIGNIFICA   | II ANT CONDITIONS CONT 'H BUT NOT RELATED NDITION CAUSING IT.   | TO THE  |  |   |                                     |
| H DISEASE OR CON  | ATION 198, CONDITION  | N FOR WHICH OPERATION   | 20 A. AUTOPSY? (Yes or No.   | IN CERTIFYING CAUS  | ES OF DEATH?                        |
| DISEASE OR CON  | WAS PERFORME  |   | YES  |   | 220                                 |
| DISEASE OR CON 19A. DATE OF OPER.  21A. EXTERNAL CAU UNDERLYING OF C  | WAS PERFORME<br>USE WAS<br>CONTRIB-<br>DEATH.   | home, form, factory, street, etc.) Street   | in or obout 21C. WHERE DID office bldg., INJURY OCCUR?   | of 3301 Elgi  |                                     |
| DISEASE OR CON  19A. DATE OF OPER.  21A. EXTERNAL CAU UNDERLYING NOR CO UTING CAUSE OF  21D TIME (Mon OF INJURY (APPROX.)                           | WAS PERFORME USE WAS CONTRIB- DEATH.  nth) (Doy) (Yeon) (He   | home, form, factory, street, etc.)  Street  Out) 21 E. INJURY OCCURRED                      | in or obout 21C. WHERE DID office bldg., INJURY OCCUR? Front 21F. HOW DID INJ  | of 3301 Elgi  | n St. 15-47                         |
| DISEASE OR CON 19A. DATE OF OPER. 21A. EXTERNAL CAU UNDERLYING OF C UTING CAUSE OF 21D TIME (Mon OF INJURY (APPROX.) 22.                            | WAS PERFORME USE WAS CONTRIB- DEATH.  nth) (Doy) (Yeon) (He   | out) 21E INJURY OCCURRED  OUT) 21E INJURY OCCURRED  OUT) WHILE AT NOT AT V  A Inspection AL | in or obout 21C. WHERE DID office bldg., INJURY OCCUR? Front 21F. HOW DID INJ WHILE X Subject stapsy X and that an the   | of 3301 Elgi  | n St. 15-47                         |
| DISEASE OR CON 19A. DATE OF OPER.  21 A. EXTERNAL CAU UNDERLYING NOR C UTING CAUSE OF  21D TIME (Mon OF INJURY (APPROX.)  22.  I certify th         | WAS PERFORME USE WAS CONTRIB- DEATH.  (Doy) (Yeor) (H   | out) 21E. INJURY OCCURRED  WHILE AT NOT AT V  Inspection Au  Accident Suicid                | in or obout 21C. WHERE DID office bidg., INJURY OCCUR? Front 21F. How DID INJ WHILE X Subject stapsy X and that an the de Hamicide X CHIEF MEDICAL E ASSISTANT MEDICAL E | of 3301 Elgi ury occur?  t shot durin his basis, death in m Undetermined manne XAMINER X  XAMINER | n St. 15-47                         |
| DISEASE OR CON 19A. DATE OF OPER. 21A. EXTERNAL CAU UNDERLYING FOR CO UTING CAUSE OF 21D TIME (Mon OF INJURY (APPROX.) 22. I certify th resulted fr | WAS PERFORME  USE WAS CONTRIB- DEATH.  13 67 2  hat I held an Inquiry ram: Natural causes  Russell S.                 | out) 21E. INJURY OCCURRED  WHILE AT NOT AT V  Inspection Au  Accident Suicid                | in or obout office bidg., INJURY OCCUR? Front 21F. How DID INJ WHILE X Subject stapsy X and that an the de Hamicide X CHIEF MEDICAL E ASSOCIATE MEDICAL E                | of 3301 Elgi ury occur?  It shot durin his basis, death in m Undetermined manne XAMINER XAMINER   | n St. 15-47 g attempted robbery     |

AND AND A CONTRACT OF THE PARTY OF THE PARTY. neighbor the re-size after a but the second and the last Carrier V. Lea 802 Multison See.

B-570

67 8887 BALTIMORE CITY HEALTH DEPARTMENT

| BIRTH NO.  |   | MEDI   | CAL EX   | (AMINER'S                                  | CERTIFIC  | CAT                      | E OF       | DEATH   | Registe            | red Ne             |               | -201             | 81      |
|--|---|--|--|--|---|--------------------------|------------|---|--------------------|--------------------|---------------|------------------|---------|
| M.E. CASE  | NO.   |  |  |  |   |                          |            |   |                    |                    |               |                  |         |
| 1. NAME (Type or Pri   | OF DECEASE  | 0  |  |  |   |                          | 2. DATE AN | D HOUR PR                                       | ONOUNC             | ED DEAD            |               |                  |         |
| FI   | LORENCE   |  |  |  | BENBOW  |                          |            | tember  |                    |                    |               | :35              |         |
|  |   | E MARYLAND, W  |  | JNCED DEAD  JTION, GIVE STREET             | 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmiss A. STATE B. COUNTY Maryland |                          |            |   |                    |                    |               |                  |         |
| FULL NAM<br>HOSPITAL<br>NSTITUTIO  | N   | DDRESS OR LOCA   | TION)  |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore                       |                          |            |   |                    |                    |               |                  | - C     |
| 017  | 11 W. Ba  | altimore S   | it.  |  |   |                          |            | give locotion.more S                            |                    |                    |               |                  |         |
| sex<br>Fema  | 6. RA   |  | WIDOWED,   | NEVER MARRIED<br>DIVORCED (specify)        | B. DATE O   |                          | 1898       | 9. AGE<br>last birt                             | (In years<br>hdny) | If Under<br>Months | 1 Yr.<br>Doys | If Unde<br>Hours | r 24 H  |
|  |   | Negro  | TOB KIND OF  | OW BUSINESS OR INDUS                       |   |                          |            | n country)                                      | -,                 | 12. CITIZE         | N OF          |                  | -       |
| Hou:   | most of working<br><b>sewife</b>  | lite, even if retired)   |  |  | Sant  | cee,                     | S. C.      |   |                    |                    |               | INTRY?           |         |
| 3. FATHER  |   |  |  |  |   |                          | DEN NAM    | E   |                    |                    |               |                  |         |
|  | h Green   |  |  |  |   |                          | Green      |   |                    |                    |               |                  |         |
|  |   | R IN U.S. ARMED  |  | 16. SO CIAL<br>SECURITY NO.                | 17. INFORM  |                          |            |   |                    | ADDRESS            |               |                  |         |
| No   | , , ,   | , g  |  |  | Rober   | t Er                     | ps - I     | 1122 Ke   | evin R             | load               |               |                  |         |
| DISSE UND TO DISSE UND DIS | ANTEC  EASES OR CO  TO THE ABO  DERLYING CO  HER SIGNIFICA  THE DEAT  EASE OR CON | DING TO DEATH  bon the mode of  nio, etc. It meons  ion which coused  EDENT CAUSE  ONDITIONS, IF A  IVE CAUSE (A) SI  ONDITION LAST.  II  ONT CONDITIONS  H BUT NOT REI  IDITION CAUSING  ATION 19B. CON  WAS PERI | dying, e.g., the discose, death.)  NY, GIVING 'ATING THE  CONTRIBUTII 'ATED TO T IT.  DITION FOR | (B)  |   |                          |            | 20B, IF YES                                     |                    |                    |               | ERED             |         |
| UNDER  | ATERNAL CAL   | ONTRIB-  | 21 B.<br>home<br>etc.)   | PLACE OF INJURY (e., form, foctory, street | g., in or obout :   | 21 C. WI                 | HERE DID   | (If in Boltimo                                  | ore City, gi       | ve exoct lo        | colion)       |                  |         |
| Z 21 D TI<br>OF INJ  | IME (Mon  |  | V  | TE. INJURY OCCURRE                         | T WHILE WORK  | 21 F. HO                 | M DID IN1  | JRY OCCUR                                       | ?                  |                    |               |                  |         |
| SI<br>E:   |   |  | Sh.  | 5-)  | cide H<br>CHI   | amicid<br>EF ME<br>NT ME | DICAL EX   | is basis, d<br>Undetermin<br>(AMINER<br>(AMINER | X                  | er 🗌               | DA            | TE SIG           | SNED    |
|  | AL CREMATIC   |  | 7 1  | C. NAME OF CEMETER                         | Y or CREMATO  | RY                       |            | ocation<br>Baltime                              |                    |                    | nd            |                  | (Stote) |
| 24A. DATE  | SEP   |  |  | E FarbeyMA                                 |   |                          | LDIRECTOR  |   |                    | A                  | DDRES         |                  |         |
| VS 151-RE  | -   |  | 9  | 6 / 0                                      | 0 8   | 9                        | 0 7        |   |                    |                    |               |                  |         |

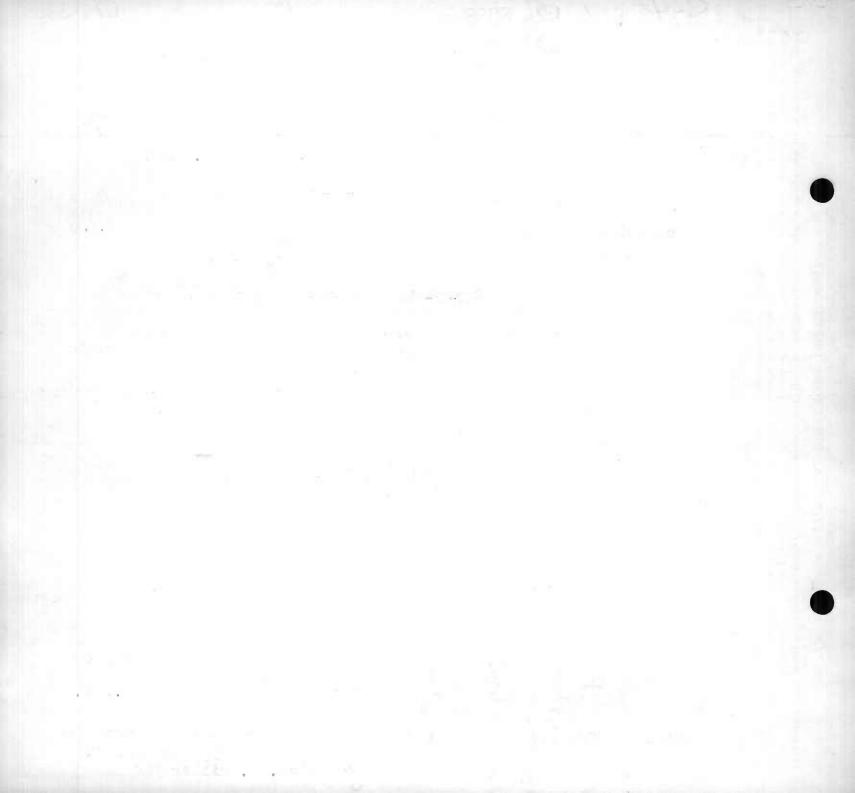
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IMPORTANT

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MARYLAND BALTIMORE EHIB ST HUBBROS WAY 2/14/10 MARKIED MARGUARD HOUSELDIFE Lucy Johnson WILLIAM ASHTON Boundapourne malyna Taplantalian 7/1 35C 7/ CEN L 1

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OF BUCCAL MUCOSA WITH WIDE SPENCE TO CHEWCAL STRUCTURES

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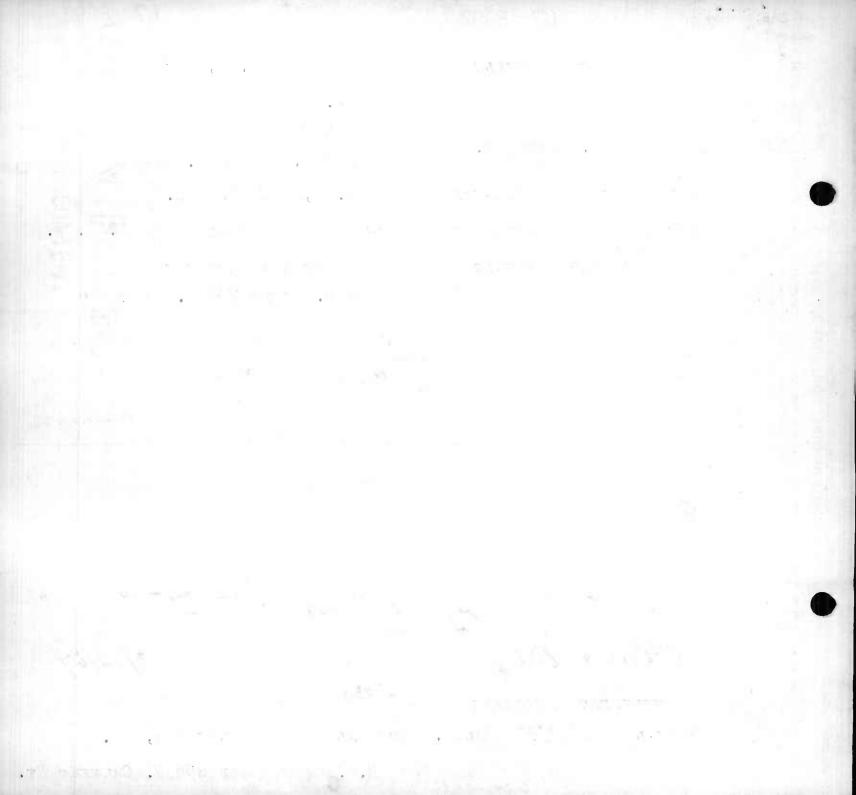
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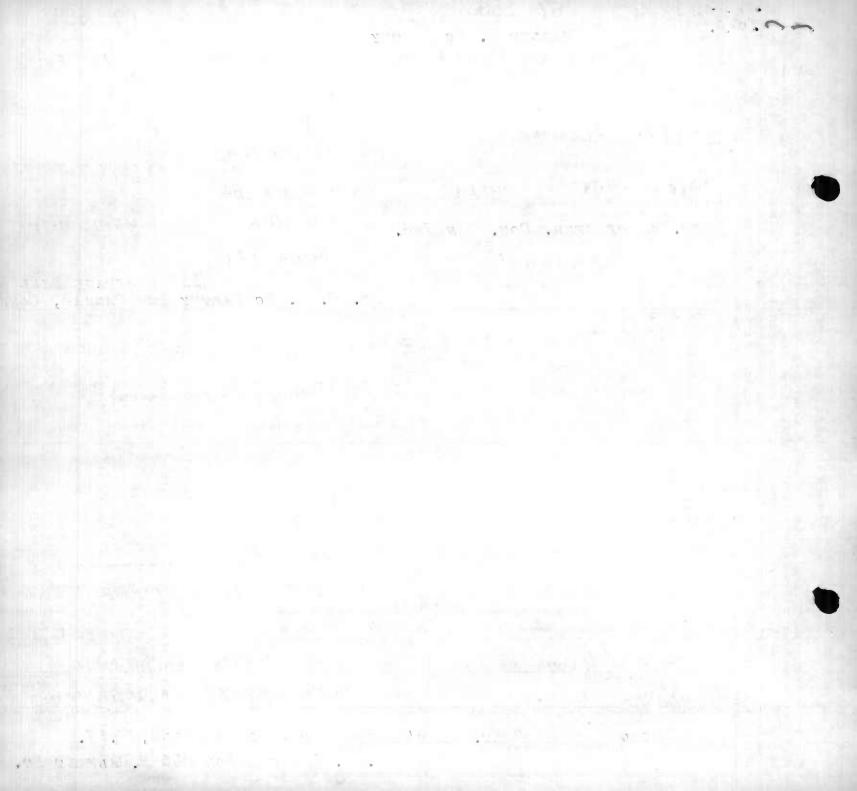
Lary & Harner

| <b>MEDICAL</b> | <b>EXAMINER'S</b> | CERTIFICATE | OF | DEATH Registered N |
|----------------|-------------------|-------------|----|--------------------|

| ME CASE NO.                                |                                  |                 |  |  |               |                                 |             |                  |           |
|--|----------------------------------|-----------------|--|--|---------------|---------------------------------|-------------|------------------|-----------|
| Type or Print)                             | ECEASED                          |                 |  | 2, DATE AND HOUR PRONOUNCED DEAD   |               |                                 |             |                  |           |
|  | EUGENE L.                        | ROCERS          | Rodgers  | September 14, 1967   8:15 p.M.   |               |                                 |             | pM.              |           |
| B. PLACE IN BA                             | LTIMORE, MARYLAND,               | WHERE PRONOL    | INCED DEAD   | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence bolore admission) A. STATE B, COUNTY |               |                                 |             |                  | ni ssion) |
| ULL NAME OF                                | UE NOT IN HOSPI                  | TAL OR INITIAL  | ITION, GIVE STREET                                 | Ma   | rvland        |                                 |             |                  |           |
| HOSPITAL OR                                | ADDRESS OR LOC                   | CATION)         | THON, GIVE SIKEEL                                  | C. CITY OR TO  | WN (If out    | side corporate limits, write    | RURAL o     | nd give township | 11-0      |
| NSTITUTION                                 |                                  |                 |  | n - 1  | 4 4 50 -      |                                 |             | クケー              | 47        |
| -  |                                  |                 |  |  | timore        | ol, give location)              |             |                  |           |
| 01)  | 2022 Harman                      | Ave. M          | orrell Park  |  |               |                                 |             |                  |           |
| 5, SEX                                     | 6. RACE                          | 17 AAABBIED     | ALEXCED AAADDIED                                   | B. DATE OF BIR   |               | man Ave.                        | T1/ 11 - /  | r 1 Yr, If Under | 04.11     |
| ). SEA                                     | O. KACE                          |                 | NEVER MARRIED<br>DIVORCED (specify)                | B. DATE OF BIR   | am.           | 9. AGE (In years lost birthdoy) | Months      | Doys Hours       | Min.      |
| Male                                       | White                            | Marr            | ied  | 5/7/13   |               | 54 55                           |             |                  |           |
| OA. USUAL OC                               | CUPATION (Give kind of we        |                 | BUSINESS OR INDUSTR                                | YII. BIRTHPLACE  | (State or for | eign country)                   | 12. CITIZ   |                  |           |
|  | of working life, even if retired |                 |  | Mars. 1  |               |                                 |             | T COUNTRY?       |           |
| holesale                                   | e Newspaper D                    | ealer           |  | Mary 1   | Land          | AAE                             |             | USA              |           |
|  |                                  |                 |  | 14.7000 11128 3 7  | WAIDEN NA     | 7412                            |             |                  |           |
|  | H. Rodgers                       |                 |  |  | Marti         | n                               |             |                  |           |
|  | SED EVER IN U.S. ARME            |                 | 16, SO CIAL<br>SECURITY NO.                        | 17. INFORMANT  |               |                                 | ADDRESS     |                  |           |
|  | 7-5, 8.76 110, 01 00             |                 | 219-10-4039  | Mrc F  | ma D          | Podgore 2020                    | ) Uan       | A                | 21220     |
| No   |                                  |                 |  |  | .ma D.        | Rodgers, 2022                   | z nam       |                  |           |
| 1.72                                       | 211                              |                 | CAUSE  | OF DEATH   |               |                                 |             | ONSET AND        |           |
| DISE                                       | ASE OR CONDITION D               | DIRECTLY        |  |  |               |                                 |             |                  |           |
|  | LEADING TO DEAT                  |                 | (A)  | Arteriosc  | lerotio       | Cardiovascu                     | lar         |                  |           |
| heort foilu                                | s not meen the mode of           | ns the discose. | DUE TO   |  | Diseas        |                                 |             |                  |           |
| injury or o                                | complication which coused        | d deoth.)       |  |  | DISCUS        |                                 |             |                  |           |
|  | ANTECEDENT CAUS                  | FS              |  |  |               |                                 |             |                  |           |
| DISEASES                                   | OR CONDITIONS, IF                |                 | (B)<br>DUE TO                                      |  |               |                                 |             |                  |           |
| RISE TO 1                                  | THE ABOVE CAUSE (A)              | STATING THE     | 561.10   |  |               |                                 |             |                  |           |
| _  | ING CONDITION [ASI               | •               | (C)  |  |               |                                 |             |                  |           |
| OTHER SI<br>TO THE<br>DISEASE<br>19A. DATE | ll ll                            |                 |  | *  |               |                                 |             |                  |           |
| OTHER SI                                   | GNIFICANT CONDITION              | S CONTRIBUTION  | NG.  |  |               |                                 |             |                  |           |
| TO THE                                     | DEATH BUT NOT R                  | ELATED TO T     |  |  |               |                                 |             |                  |           |
| DISEASE                                    | OR CONDITION CAUSIN              |                 | WHICH OPEN TION                                    | LOOA ALIZONO   | We (V A       | VOOD IN MEE INCOME              |             | 0.1.610.5050     |           |
| D DATE (                                   |                                  | REFORMED        | WHICH OPERATION                                    | 20A. AUTOPS  | it? (tes or N | o) 208, IF YES, WERE FI         |             |                  |           |
|  |                                  |                 |  | N  |               |                                 |             |                  |           |
|  | IAL CAUSE WAS                    | 21 B,           | PLACE OF INJURY (e.g.,<br>, form, foctory, street, | in or obout 21C.   | WHERE DID     | (If in Boltimore City, gi       | ve exoct lo | cotion)          |           |
| UTING CA                                   | USE OF DEATH.                    | etc.)           | ,            |  | a. occor.     |                                 |             |                  |           |
| E 21 D TIME                                | (Month) (Doy) (Ye                | eor) (Hour) 2   | E. INJURY OCCURRED                                 | 21 F H   | IOW DID IN    | JURY OCCUR?                     |             |                  |           |
| OF INJURY                                  | (ivionini (Doyi (ie              |                 |  |  | 1011 010 11   | , ,                             |             |                  |           |
| (APPROX.)                                  |                                  | m. V            | VHILE AT NOT                                       | WHILE  |               |                                 |             |                  |           |
| 22.  |                                  |                 |  |  | 1.1.          |                                 |             |                  |           |
| I ce                                       | ertify that I held on            | Inquiry         | Inspection XX Au                                   | topsy or   | nd that on    | this bosis, deoth in m          | ny opinio   | n                |           |
| res  | ulted from: Notural c            | auses X A       | ccident Suicid                                     | le Homic   | cide 🗌        | Undetermined mann               | er          |                  |           |
|  | 2,                               | 7/              | 1  | CHIEF  | MEDICAL       | EXAMINER X                      |             |                  |           |
| ACTU                                       | AL /                             | Mar             | he !   |  |               |                                 |             | DATE SIGN        | IED       |
| SIGNA                                      | TURE/                            | 11-00           | M. D   | ASSISTANT  |               |                                 |             |                  |           |
|  | INER'S                           |                 |  | ASSOCIATE  | MEDICAL       | EXAMINER                        |             |                  |           |
|  | (Type) Russe]                    |                 | sher, M.D.   |  |               |                                 |             | tember 1         | 5. 190    |
| BA, BURIAL CI                              |                                  | 23              | C. NAME OF CEMETERY                                | CREMATORY  | 23 D          | LOCATION (City,                 | , town, or  | county) (St      | ote)      |
| Buria                                      |                                  | 67              | Taudan Darela C                                    | lamat asser  |               | 201 time me                     |             | 7                | Md        |
|  | D BY HEALTH DEPT.                |                 | Loudon Park C                                      |  | RAL DIRECT    | Baltimore                       |             | ADDRESS          | 1d.       |
| DATE REC                                   | A man or                         |                 | a med a  |  |               |                                 |             |                  | 0100      |
|  | SEP 1 8 1967                     | Valeel          | 5 E, tarberma                                      | Howa   | rd H.         | Hubbard, 4107                   | Wilk        | ens Ave.         | 2122      |
|  | 1/45                             |                 | , , , ,  | 0 63   | 0 1           | +                               | -           |                  |           |
| S 151-REV. 1/                              |                                  |                 |  |  |               |                                 |             |                  |           |

VS 150-REV. 1/1/65





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BALTIMORE CITY HEALTH DEPARTMENT

FEHALE WATE MARRIES 12-23-54 22 U.S.S.

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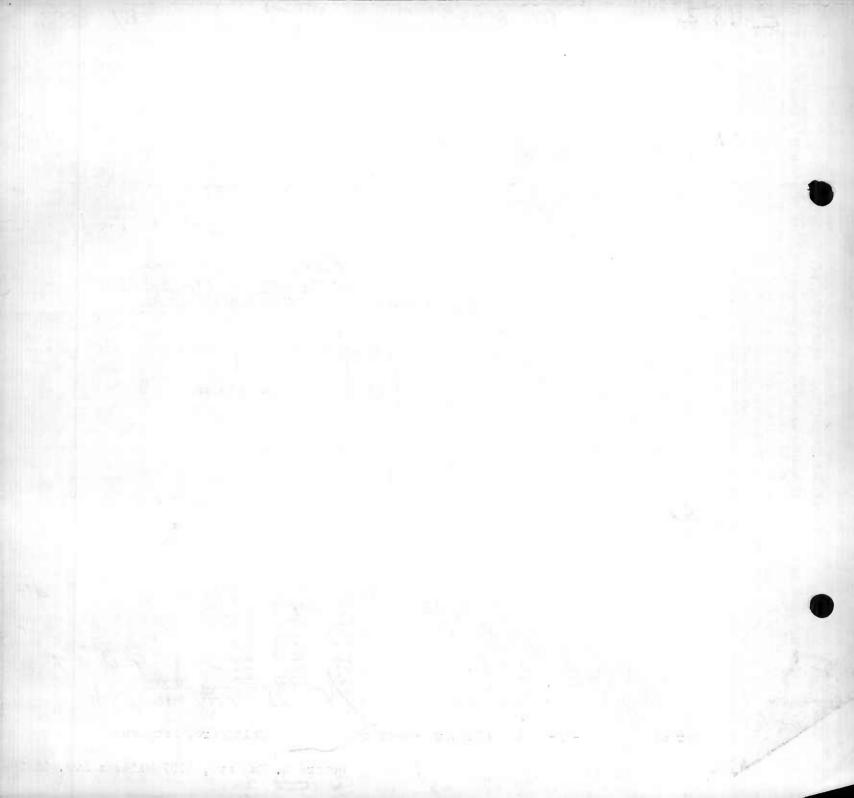
TO SEE TO ST. LINES HOSPITAL RECORDS

THE REAL PROPERTY AND ADDRESS OF THE PARTY AND

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THE SECTION OF THE PROPERTY OF

| ched the                      | BIRTH NO. M.E. CASE NO.  CERTIFICAT  | TE OF DEATH Registered No. 67 8895   |
|-------------------------------|--|--|
| Sutas                         | (Type or Print)  | 2. DATE AND HOUR OF DEATH  |
| (5) Dece<br>ance on<br>death. | ALUIKA EUANS   | 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission)          |
| leat<br>deat                  | S. TEACE OF BEATH IN BALLIMORE MARKEARD  | A. STATE B. COUNTY   |
| ø                             | FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)  | Maryland Particle  |
|                               | ONSTITUTION DE LA 6-0-0  | C. CATY OF TOWN (II outside city limits, write RURAL and give township)                        |
| ľ                             | 1940 EASTERN AVENUE  | D. STREET ADDRESS (If rurol, give locotion)  |
|                               | BALTIMORE, MARYLAND 21224  | 1601 Seilan St   |
| ŀ                             |  | B. DATE OF BIRTH . AGE (In years II Under 1 Yr. If Under 24 Hrs.                               |
|                               | WIDOWED, DIVORCED (spacily)  | 3-14-89 lost birthdoy Months Doys Hours Min.   |
| ŀ                             | 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1   | 1. BIRTHPLA CE 1870te or foreign country)   12. CITIZEN OF                                     |
|                               | done during most of working life, even if retired)   | Marylanda WHAT COUNTRY?  |
| 1                             | HOUSEULE 13. FATHER'S NAME   | 4. MOTHER'S MAIDEN NAME  |
|                               | 2 /  | Emma Lore  |
|                               | 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL  | T. INFORMANT WOODESS   |
| ľ                             | (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.   | RECURDS: BALTIMORE CITY HOSPITATSORESS   |
| ļ                             | 212-12-7381  | 4940 EASTERN AVENUE  |
|                               | 18. 44.9.3 X I   | DEATH INTERVAL BETWEEN ONSET AND DEATH   |
|                               | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   | Buglas Asset 20 min  |
| ١                             | (This does not meen the mode of dying, e.g., DUE TO  | greenery , see   |
|                               | heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)  |  |
|                               | ANTECEDENT CAUSES (B) DUE TO   | llunoua  |
|                               | DISEASES OR CONDITIONS, il ony, giving   |  |
|                               | rise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost.   |  |
|                               | 11   |  |
|                               | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  |  |
|                               | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |
|                               | 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
|                               |  |  |
|                               | U ZIA. ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY (e.g., in nor contributing   CAUSE OF   CAUSE OF   DEATH (notify medical examiner) | ce bldg., INJURY OCCUR?  |
|                               | 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED   | 21F. HOW DID INJURY OCCUR?   |
|                               | OF INJUST  (APPROX.)  While At Not While   |  |
| -                             | Work At Work   |  |
|                               | 22. I certify that (1) (this hospital) attended the deceased fram  | 196/109-15 196/  |
|                               | that(I) (we) last saw the deceased alive an 9-15   | 19 6 7 and that i (my) (aur) aplnian death accurred an the date                                |
|                               | and haur and from the causes stated above (1) (We) (did) (did nat) vid   |  |
|                               | 234. SIGNAFORP A 1   | 23B, DATE SIGNED   |
|                               | Policy A Carals M.D. Atten   |  |
|                               | 23C. PHYSICIAN'S ROBERT A. CORDES  | D. ADDRESS 4940 EASTERN AVENUE   |
|                               | ROBERT A. CORDES M.D.  | BALTIMORE CITY HOSPITAL  |
|                               | 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREM   |  |
|                               | Burial 9-19-1967 Baltimore Cemete:   | ry Baltimore, Maryland   |
| -                             | 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR   | 25C, FUNERAL DIRECTOR ADDRESS  |
|                               | SEP 1 8 1967 R. O. S. E. Forhuma   | Howard H, Hubbard, 4107 Wilkens Ave. 21229   |
|                               | VS 150-REV. 1/1/65   | U i i i  |

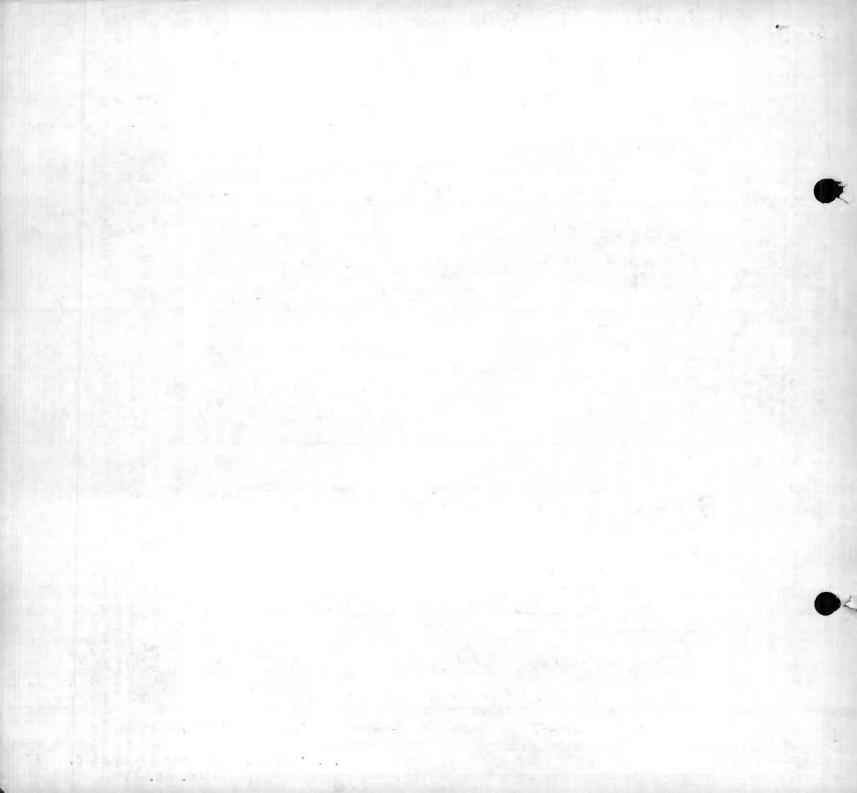


| NAME OF DECENSED  PACE OF DEATH IN EARTHOOR, MARILAND  PACE OF DEATH IN EARTHOOR, MARILAND  FULL NAME OF  FULL NAM | BIRTH NO.  M.E. CASE NO.   | 896 CERTIFICA                     | TE OF DEATH                   | Registered No.            | 67 8896                                |
|--|--|-----------------------------------|-------------------------------|---------------------------|--|
| PLACE OF DEATH IN EARTHMORE MARILAND  FULL NAME OF CONTINUOUS MARILAND  19 E. RANCEL  FULL NAME OF CONTINUOUS MARILAND  19 E. RANCEL  FULL NAME OF CONTINUOUS MARILAND  19 E. RANCEL  FULL NAME OF CONTINUOUS MARILAND  10 DE CONTINUOUS MARILAND NEVER MARILO  10 DE RANCEL  FULL NAME OF CONTINUOUS MARILAND  10 DE CONTINUOUS MARILAND NEVER MARILO  11 DE RANCEL  FULL NAME OF CONTINUOUS MARILAND  12 DE RANCEL  FULL NAME OF CONTINUOUS MARILAND  13 DE RANCEL  FULL NAME OF CONTINUOUS MARILAND  14 DE RANCEL  FULL NAME OF CONTINUOUS MARILAND  15 SOCIAL  FULL NAME OF CONTINUOUS MARILAND  16 SOCIAL  FULL NAME OF CONTINUOUS MARILAND  17 SOCIAL  FULL NAME OF CONTINUOUS MARILAND  18 SOCIAL  FULL NAME OF CONTINUOUS MARILAND  18 SOCIAL  FULL NAME OF CONTINUOUS MARILAND  19 SOCIAL  FULL NAME OF CONTINUOUS MARILAND  10 STARS OR CONDITION DIRECTLY  CAUSE OF DEATH  10 STARS OR CONDITION DIRECTLY  CAUSE OF DEATH  10 STARS OR CONDITION SIGN MARILAND  11 SOCIAL  11 STARS OR CONDITION SIGN MARILAND  12 SOCIAL  FULL NAME OF CONTINUOUS MARILAND  13 SOCIAL  FULL NAME OF CONTINUOUS MARILAND  14 SOCIAL  15 SOCIAL  FULL NAME OF CONTINUOUS MARILAND  16 SOCIAL  FULL NAME OF CONTINUOUS MARILAND  17 SOCIAL  FULL NAME OF CONTINUOUS MARILAND  18 SOCIAL  FULL NAME OF CONTINUOUS MARILAND  18 SOCIAL  FULL NAME OF CONTINUOUS MARILAND  19 OR CONTINUOUS MARILAND  10 SOCIAL  10 SOCIAL  10 SOCIAL  11 SOCIAL  11 SOCIAL  12 SOCIAL  13 SOCIAL  14 SOCIAL  15 SOCIAL  16 SOCIAL  17 SOCIAL  18 SOCIAL  18 SOCIAL  18 SOCIAL  19 SO | Type of Print  |                                   | 2. DATE A                     |                           |  |
| FULL NAME OF GLOSE in hespital or institution, give steed address or become of defens or become of the control  | Margaret   | Crawfor                           | d Se                          | pt. 15, 190               | 67 SiltAN                              |
| FULL MANE OF MOSTITUION  19 E. RANCELL P. MARKETO, NEVER MARKETO  19 E. RANCELL P. MARKETO, NEVER MARKETO  10 E. RANCELL P. MARKETO, NEVER MARKETO  10 E. RANCELL P. MARKETO, NEVER MARKETO  110 E. RANCELL P. MARKETO, NEVER MARKETO  111 EREPTRACE (Since or foreign country)  112 CRITETY OF WHAT COUNTRY  113 MARKETORY IN THE WAS A COUNTRY  114 MARKETORY IN THE WAS A COUNTRY  115 MARKET AND TO BATH  116 MARKET AND TO BATH  117 MARKETORY IN THE WAS A CONSTITUTION OF THE WAS A COUNTRY TO THE OTHER MARKETORY IN THE WAS A SHAPE AND THE WAS A | 3. PLACE OF DEATH IN BALTIMORE, MARYLAND                                 |                                   | 4. USUAL RESIDENCE (Whe       | ere deceased lived. If i  | nstitution: residence before admission |
| HOURTLE CONTROL OF CON |  |                                   | 0.0 4                         | 411                       |  |
| BALTOO  DE RANGELL STREET ADDRESS (If more), wine RURAL and give location)  19 E. RANGELL STREET ADDRESS (If more), wine RURAL and give location)  19 E. RANGELL STREET ADDRESS (If more), wine RURAL and give location)  19 E. RANGELL STREET ADDRESS (If more), wine RURAL and give location)  19 E. RANGELL STREET ADDRESS (If more), wine RURAL and give location)  19 E. RANGELL STREET ADDRESS (If more), wine RURAL and give location)  19 E. RANGELL STREET ADDRESS (If more), wine RURAL and give location)  19 E. RANGELL STREET ADDRESS (If more), wine RURAL and give location)  19 E. RANGELL STREET ADDRESS (If more), wine RURAL and give location)  19 E. RANGELL STREET ADDRESS (If more), wine RURAL and give location)  19 E. RANGELL STREET ADDRESS (If more), wine RURAL and give location)  19 E. RANGELL STREET ADDRESS (If more), wine RURAL and give location)  19 E. RANGELL STREET ADDRESS (If more), wine RURAL and give location)  19 E. RANGELL STREET ADDRESS (If more), wine RURAL and give location)  19 E. RANGELL STREET ADDRESS (If more), wine RURAL and give location)  19 E. RANGELL STREET ADDRESS (If more), wine RURAL and give location)  19 E. RANGELL STREET ADDRESS (If more), wine Rural and give location)  19 E. RANGELL STREET ADDRESS (If more), wine Rural and give location)  19 E. RANGELL STREET ADDRESS (If more), wine Rural and give location, wine Rural and give location)  10 E. RANGELL STREET ADDRESS (If more), wine Rural and give location, wine Rural and give lo | FULL NAME OF (If not in hospital or institu                              | tion, give street                 |                               |                           |  |
| SER S. RACE   D. MARRICO, NEVER MARRIED   D. DATE OF SISTEN   D. P. RATABITO   D. DATE OF SISTEN   D. DATE |  |                                   |                               | itside city limits, write | RUKAL and give township)               |
| SEX B. RACE   P. MARRIED, NEVER MARRIED   R. AGE (In years with with the without)   P. AGE (In years without)   P. | 00   |                                   |                               |                           | 20-0                                   |
| AND DEADS OR CONDITION DIRECTLY LEADING TO DEATH  DISEASE OR CONDITION OF SUSTINESS OR INDUSTRY 11. BETHYLACE (Size or foreign country)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This does not mean the mode of dying, e.g., heard foliure, esthemic, etc. in the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITION IN SIZE OR DEATH  TO THE DEATH EN NOT SIZE OR THE DISEASE OR CONDITION TO THE DISEASE OR CONDITION TO THE DISEASE OR CONDITION TO THE DISEASE OR CONDITION OR SIZE OR CONDITION TO THE DISEASE OR CONDITION OR SIZE OR CONDITION TO THE DISEASE OR CONDITION OR SIZE OR CONDITION TO SIZE OR CONDITION OR SIZE OR SIZE OR CONDITION OR SIZE OR SIZE OR CONDITION OR SIZE OR S | 19 E. Randall Stre   | et                                | D. STREET ADDRESS (II         | furoi, give locotion)     |  |
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| AUSIAN OCCUPATION (Give kind of work) (O. R. RIND OF BUSINESS OR INDUSTRY 11. BERHFLACE (Stade or foreign country)  12. CITIZEN OF WHAT COUNTRY  SECURITY NO.  11. MOTHERS MAIDEN NAME  ADDRESS  SECURITY NO.  11. MOTHERS MAIDEN NAME  WHAT COUNTRY  SECURITY NO.  12. MILE OF DEATH  ONSET AND DEA |  |                                   | B. DATE OF BIRTH              |                           | If Under 1 Yr. II Under 24 Hrs         |
| DISEASE OR CONDITIONS if any, giving rise to the above cases (A) sleling the UNDERLYING CONDITION OS.  DISEASE OR CONDITIONS (A) spring rise to the above cases (A) sleling the UNDERLYING CONDITION OS.  DISEASE OR CONDITIONS (A) spring rise to the above cases (A) sleling the UNDERLYING CONDITION Iss.  DISEASE OR CONDITIONS (A) spring rise to the above cases (A) sleling the UNDERLYING CONDITION Iss.  DISEASE OR CONDITIONS (A) spring rise to the above cases (A) sleling the UNDERLYING CONDITION (S) and the above cases (A) sleling the UNDERLYING (S) and the above cases (A) sleling | Females White II   | dowed                             | 3/22/1884                     | 13                        | 1                                      |
| ADDREX  TATISES NAME  14. A.   | DA. USUAL OCCUPATION (Give kind of work 10 B. KIN                        | D OF BUSINESS OR INDUSTRY         | 11. BIRTHPLACE (State or fore | ign country)              | 12. CITIZEN OF                         |
| ADDRESS NAME  NET Defeated fare in G. Amend Federal  NET Defeated fare in G. Amend Federal  NET Defeated fare in G. Amend Federal  SECURITY NO.  15. DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., head follows, asheno, etc. If means the diseases, injury or compilication which caused death.)  DISEASE OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION ON SITUATION (CONDITION ON SITUATION)  TO THE DEATH SON NOT FEATION (CONDITION ON SITUATION)  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION ON SITUATION (CONDITION ON SITUATION)  DISEASES OR CONDITIONS, or considered to the above cause (A) stoling the UNDERLYING CONDITION CAUSIST (TO THE DEATH SON NOT FEATION (CONDITION CAUSIST)  DISEASE OR CONDITION CAUSIST (TO THE DEATH SON NOT FEATION (CONDITION CAUSIST)  DISEASE OR CONDITION CAUSIST (TO THE DEATH SON NOT FEATION (CONDITION CAUSIST)  DISEASE OR CONDITION CAUSIST (TO THE DISEASE OR CONDITION CAUSIST (TO THE DEATH SON NOT FEATION (CONDITION CAUSIST)  DISEASE OR CONDITION CAUSIST (TO THE DISEASE OR CONDITION CAUSIST (TO THE DEATH SON NOT FEATION (CONDITION CAUSIST (TO THE DISEASE OR CONDITION CAUSIST (TO THE DISEASE OR CONDITION CAUSIST (TO THE DISEASE OR CAUSIST (TO THE DISEASE OR  | done during most of working life, even if retired)                       |                                   | 0.11                          | 111                       |  |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This does not mean the mode of dying, a.g., head foliate, etc. II means the disease, injury or complication which coused death.]  ANTECEDENT CAUSES  DISEASE OR CONDITION I and, giving mise to the above couse (A) stelling the UNDERTING CONTRIBUTING TO THE DISEASE OR CONTRIBUTION TO THE DISEASE |  |                                   | DATTIMORE                     | Md.                       | 4.34                                   |
| No. December   Service   O. School   Service   O. SCOIAL   SECURITY NO.   O. SOCIAL   SECURITY NO.     | 3. FATHERS NAME  |                                   | 14. MOTHER'S MAIDEN NA        | ME /                      |  |
| No. December   Service   O. School   Service   O. SCOIAL   SECURITY NO.   O. SOCIAL   SECURITY NO.     | Lostras lacion la  | E a d                             | MAPIAROT S                    | Ohman                     |  |
| DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, 6.g., heeri fielure, asthenia, etc. Il means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving isse to the above couse (A) slosing the UNDERLYING CONDITION lost.  II  O'THE DEATH BUT NOT RELATED TO THE UNDERLYING TO O'THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION I lost.  O'THE DEATH BUT NOT RELATED TO THE UNDERLYING TO O'THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  O'THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  O'THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION CONDITION FOR WHICH OPERATION  MAY PERFORMED  DISEASE OR CONDITION CAUSE (A) slosing the UNDERLYING COURT OF CONDITION CAUSING IT.  O'THE DEATH BUT NOT RELATED TO THE UNDERLYING COURT OF CONDITION CAUSING IT.  O'THE DEATH BUT NOT RELATED TO THE UNDERLYING CAUSES OF DEATH?  O'THER SIGNIFICANT CAUSES OF DEATH (really medical examined)  DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSE (A) slosing the UNDERLYING CAUSES OF DEATH?  DISEASE OR CONDITION CAUSE (A) slosing the UNDERLYING CAUSES OF DEATH?  O'THE SIGNIFICANT CAUSES SIGNIFICANT OF COURT OF | S. Was Defeased Ever in U. & Armed Feders?                               | I 6 SOCIAL                        | 17 INSOPAANT                  | NIFER                     | ADDRESÉ                                |
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| head failure, asthenia, etc. It means the disease, injury or complication which caused doeth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sloting the UNDERLYING CONDITION lost.  III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING TO THE DISEASE OR CONDITION CAUSE OF DEATH (notify medical examined)  212A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF PROJECT OR CONTRIBUTING CAUSES OF DEATH?  212A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  212A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examined)  212A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examined)  212A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examined)  212A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examined)  212A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examined)  212A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examined)  212A. ACCIDENT WAS UNDERLYING COURTED (III MADE OF THE DEATH (Notify medical examined)  212A. ACCIDENT WAS UNDERLYING COURTED (III MADE OF THE DISTANCE OF TH |  | (1) (a)                           | Merioschende                  | · Heat                    |  |
| head failure, asthenia, etc. II means the disease, injury or complication which caused doeth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sloting the UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING TO THE DISEASE OF DEATH?  212A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OF DEATH?  212A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OF DEATH?  212A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OF DEATH?  212A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OF DEATH?  212A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OF DEATH?  212A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OF DEATH?  212A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OF DEATH?  212A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OF DEATH?  212A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OF DEATH?  212A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OF DEATH?  212A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OF DEATH.  212A. | (This does not mean the made of dying,                                   | e.g., DUE TO W/                   | 3 6 0                         | De a                      | · · · · · · · · · · · · · · · · · · ·  |
| ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stelling the UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT PRELATED TO THE DEATH RESIDENCE OF INJURY (a.g., in or about   21 c. WHERE DID OR CONTRIBUTING CAUSES OF DEATH!  21 A. ACCIDENT WAS UNDERLYING  DEATH (notify medical examinar)  OR CONTRIBUTING CAUSE OF DEATH!  22 I. A. ACCIDENT WAS UNDERLYING CONSIDERED WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH!  DEATH (notify medical examinar)  OR CONTRIBUTING CAUSE OF DEATH!  DEATH (notify medical examinar)  OR CONTRIBUTING CAUSE OF DEATH!  A POST WHILE A! INJURY OCCUR?  While A! Not While   All Work   All Work  | heart failure, asthenia, etc. It means the disc                          |                                   | ife of e                      | Coverag                   |  |
| DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION tost.    Condition   Condi | injury or camplication which caused death.)                              | Land                              | Lilliany                      | /                         |  |
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| UNDERLYING CONDITION Isst.    Control   Contro | DISEASES OR CONDITIONS, if any, gi                                       |                                   | Magignany                     | pullan                    | 9-                                     |
| 1   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   12   12   13   14   15   15   15   15   15   15   15  |  | the (C)                           | alon 6                        |                           |  |
| TO THE DEATH BUT NOT RELATED TO THE DISASE OR CONDITION CONTRIBUTING DISASE OR CONDITION COURS IT.  19A. DATE OF OPERATION  19A. CONTRIBUTING CAUSE OF DEATH (In Ordiffy medicol examined)  21 A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (In Ordiffy medicol examined)  22 I.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (In Ordiffy medicol examined)  23 I.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (In Ordiffy medicol examined)  24 I.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (In Ordiffy medicol examined)  25 I.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (In Ordiffy medicol examined)  26 I.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (In Ordiffy medicol examined)  27 I.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (In Ordiffy medicol examined)  28 I.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (In Ordiffy medicol examined)  29 I.A. ACCIDENT WAS UNDERLYING CAUSES OF DEATH?  21 I.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (In Ordiffy medicol examined)  21 I.A. ACCIDENT WAS UNDERLYING CAUSES OF DEATH?  22 I.A. ACCIDENT WAS UNDERLYING CAUSES OF DEATH?  23 I.A. INJURY OCCUR?  While A1 Work  While A1 Work  While A1 Work  While A1 Work  A2 I.A. ACCIDENT WAS UNDERLYING CAUSES OF DEATH?  A3 I.A. ACCIDENT WAS UNDERLYING CAUSES OF DEATH?  A3 I.A. ACCIDENT WAS UNDERLYING CAUSES OF DEATH?  A4 I.A. ACCIDENT WAS UNDERLYING CAUSES OF DEATH?  A4 I.A. ACCIDENT WAS UNDERLYING CAUSES OF DEATH?  A5 I.A. ACCIDENT WAS UNDERLYING CAUSES OF DEATH?  A5 I.A. ACCIDENT WAS UNDERLYING CAUSES OF DEATH?  A6 I.A. ACCIDENT WAS UNDERLYING CAUSES OF DEATH OF THE ACCIDENT OF THE ACCIDENT OF THE ACCIDENT OF THE  | UNDERLYING CONDITION last.   |                                   |                               |                           |  |
| 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 199. CONDITION FOR WHICH OPERATION 190. CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH?  DEATH (notify medical exomine)   218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exoct location) home. form, locitory, street, office blidg, INJURY OCCUR?  DEATH (notify medical exomine)   21E. INJURY OCCURRED While At Work   21E. INJURY OCCURRED While At Work   21E. INJURY OCCURRED While At Work   21F. HOW DID INJURY OCCUR?  (APPROX.)   220. I certify that (I) (this hospital) ottended the deceased from 19   | _ 11   | -                                 |                               |                           |  |
| 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (III in Bollimore City, give exact location) home, form, foctory, street, office blidg, INJURY OCCUR?  DEATH (notify medical examine)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work  22L. I certify that (I) (this hospital) attended the deceased from 19 ond that in (my) (our) apinlan death occurred on the do and hour and from the causes stated above. (I) (We) (did) (did-not) view the body ofter death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)  A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)  SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. SENNERAL DIPECTOR ADDRESS  SED 1967 PARCE TO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. SENNERAL DIPECTOR ADDRESS  SED 20 ADDRESS AD | OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO | JTING                             |                               |                           |  |
| DEATH (notify medical examiner)   | Q   DISEASE OR CONDITION CAUSING 11.                                     |                                   |                               |                           |  |
| DEATH (notify medical examiner)   | 19A. DATE OF OPERATION 198. CONDITION                                    | OR WHICH OPERATION                | 20A. AUTOPSY? (Yes or No      |                           | FINDINGS CONSIDERED                    |
| DEATH (notify medical examiner)   | E WAS PERFORMED  |                                   |                               | IN CERTIFIING CA          | CUSES OF DEATH?                        |
| DEATH (notify medicol exominer)  PRODUCTION (Month) (Doy) (Yeer) (Hour)  PRODUCTION (APPROX.)  21E. INJURY OCCURRED  While At Work  At Work  22. I certify that (I) (this hospital) attended the deceased from  that (I) (we) lost saw the deceased alive an point of the dot on the causes stated above. (I) (Me) (did) (did not) view the body ofter death.  23A. SIGNATURE  Attending Med. Stoff Phys. 23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)  SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. ENERAL DIRECTOR MADDRESS  SEP 1 8 1967 P. S. NAME OF REGISTRAR 25C. ENERAL DIRECTOR MADDRESS  SEP 1 8 1967 P. S. NAME OF REGISTRAR 25C. ENERAL DIRECTOR MADDRESS  SEP 1 8 1967 P. S. NAME OF REGISTRAR 25C. ENERAL DIRECTOR MADDRESS   | U 21 A. ACCIDENT WAS UNDERLYING  | 218. PLACE OF INJURY (e.g., in    | or obout 21 C. WHERE DID      | (II in Baltimor           | e City, give exact location)           |
| 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22, I certify that (I) (this hospital) ottended the deceased from that (I) (we) lost saw the deceased alive an ond hour and from the causes stated above. (I) (We) (did) (did not) view the body ofter death.  23A. SIGNATURE  A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY  A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY  DURING SIGNED  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY  23C. PHYSICIAN'S NAME (Type)  A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. SEPNERAL DIRECTOR ADDRESS  SEP 1 8 1967 R. D. S.   | OR CONTRIBUTING CAUSE OF   | home, form, foctory, street, of   | fice bldg., INJURY OCCUR?     |                           |  |
| While At Work  22. I certify that (I) (this hospital) attended the deceased from 19 ond that in (my) (our) apinion death occurred on the docond hour and from the couses stated above. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  M.D. Attending Med. Stoff Director Phys. 23B. DATE SIGNED  23C.PHYSICIAN'S NAME (Type)  Attending Med. Stoff Phys. (CITY)  Attending Med. Stoff Phys. (CITY)  23D. ADDRESS  NAME (Type)  M.D. ZZSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS   | U  |                                   |                               |                           |  |
| While At Work   Not While At Work   Not While At Work   Not Work   Not While At Work   Not While At Work   Not While At Work   Not   | OF INJURY (Month) (Doy) (Year) (Hour)                                    | 21E, INJURY OCCURRED              | 21F. HOW DID INJ              | URY OCCUR?                |  |
| 22. I certify that (I) (this hospital) attended the deceased from 19 to  | >  |                                   |                               |                           |  |
| thot (I) (we) lost saw the deceased alive an   |  |                                   | 7)                            | A.                        | + 1-1                                  |
| ond hour ond from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth.  23A. SIGNATURE    Attending   Med.   Stoff   9   9   9   9   9   9   9   9   9   | 22. I certify that (I) (this hospital) attend                            | ed the deceased from              | . / 000/                      | 19 60 to                  | 19.6                                   |
| ond hour ond from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth.  23A. SIGNATURE    Attending   Med.   Stoff   9   5   6     23B. DATE SIGNED   23C. PHYSICIAN'S NAME (Type)   Phys.   23D. ADDRESS   Phys.   23D. ADDRESS   Phys.   23D. ADDRESS   Phys.   24D. LOCATION   (City, town, or county)   (Stofe)   Phys.   24D. LOCATION   (City, town, or county)   (Stofe)   Phys.   Phys | that (I) (we) lost saw the deceased alive                                | an 11/1. 5                        | 19ond th                      | not in (my) (our) apl     | Inlon death occurred on the do         |
| 23A. SIGNATURE  23A. SIGNATURE  M.D. Attending Med. Director Stoff Phys. General Stoff Phys. General Director Phys. General Director Stoff Phys. General Director Stoff Phys. General Director Stoff Phys. General Director Stoff Phys. General Director Address SEP 18 1967 Registral Examples of Registral Director General Director Ge | and have and from the source stated above                                | (1) (W-) (J:J) (J:J - ,)          |                               |                           |  |
| A. BURIAL CREMATION, 24B. DATE 24C. NAME OF REGISTRAR 2SC. ENNERAL DIRECTOR PLANS (Single) St. Date 125B. NAME OF REGISTRAR 2SC. ENNERAL DIRECTOR ADDRESS  SEP 18 1967 Real Process Pr |  | ve. (I) (ESE) (did) (dissilati) V | body offer deoff.             |                           |  |
| 23C.PHYSICIAN'S NAME (Type)  Phys.  23D. ADDRESS  A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY OF CREMATORY  24D. LOCATION  (City. town, or county)  COMP  COMP  SA. DATE REC'D BY HEALTH DEPT.  25C. ENNERAL DIRECTOR  25C. ENNERAL DIRECTOR  ADDRESS  SEP 18 1967  Phys.  Director  Phys.  Director  Phys.  Director  Phys.  Director  Phys.  Director  Phys.  Director  Phys.  Club  St. Boll  M.D.  Colle  St. Boll  M.D.  Colle  St. Boll  M.D.  Single  SEP 18 1967  Phys.  Director  Phys.  Director  Phys.  Director  Phys.  Director  Phys.  Director  Phys.  Phys.  Colle  St. Boll  M.D.  Colle  St. Boll  M.D.  St. Boll  | 23A. SIGNA) ORE  |                                   |                               | F. 0                      | 23B. DATE SIGNED                       |
| NAME (Type)  REMOVAL (Specify)  OUR 1A  128  128  124C. NAME of CEMETERY OF CREMATORY  124D. LOCATION  (City, town, or county)  (Single)  OUR 1A  128  128B. NAME OF REGISTRAR  128C. SEPTEMBURY  128C. NAME OF REGISTRAR  128C. SEPTEMBRY  128C. NAME OF REGISTRAR  128C. SEPTEMBRY  128C. NAME OF REGISTRAR  128C. SEPTEMBRY  128C. SEP | Illand frais   | M.D. Affe                         | nding Med.                    |                           | 7/15/67                                |
| TO CATE OF A DATE M.D. 128 S. COLCES ST. MSC. TH. MIZE  AA. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)  OURIAL Specify)  SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FENERAL DIRECTOR ADDRESS  SEP 18 1967 ROSS & COLCES ST. MSC. TO CREMATORY 24D. LOCATION (City, town, or county) (State)  SEP 18 1967 ROSS & COLCES ST. MSC. TO CREMATORY 25C. FENERAL DIRECTOR ADDRESS   | 23C.PHYSICIAN'S  | -                                 | 23D. ADDRESS                  |                           | - //                                   |
| SA. DATE REC'D BY HEALTH DEPT.  24C. NAME OF CEMETERY OF CREMATORY  24D. LOCATION  (City, town, or county)  (State)  24D. LOCATION  (City, town, or county)  (State)  |  | (1) A MD                          | 1776 51                       | 1/2 C 84                  | 1. Ose 1/1. MX 213                     |
| SEP 18 1967 ROSE & Gasher All 25C FENERAL DIRECTOR SEP 18 19 19 19 19 19 19 19 19 19 19 19 19 19  | 10101111   |                                   | 100/ 1.                       |                           |  |
| SEP 18 1967 Res & Fasher Manuel Great Fort HVE-  | 24A. BURIAL CREMATION, 24B. DATE 24                                      | C. NAME of CEMETERY OF CRE        | MATORY 24D. L                 | OCATION (C                | ily, lown, or county) (Sigle)          |
| SEP 1 8 1967 R. C. & E. E. Hasher M. 250 HNERAL DIRECTOR SEP 18 1967 R. C. & E.  | BURIAL 9/18/17   | Coden Hill                        |                               | 1001 Kin                  | 100 /V/J                               |
| SEP 1 8 1967 R. O. S. E. Fashwar Maldy 130 F. Fort HVE -   | CA DATE SECO BY HEALTH DEBT TOO NA                                       | ALE OF REGISTRAS                  | DSC SHINERAL DINGS            | ICN DUKI                  | N/C /// -                              |
|  |  | 4 40 4                            | SOMEWAL DIRECTOR              | SOF                       | - I MOURESS                            |
|  | SEP 1 8 1967 (P. O   | of E. Staileura                   | NIBLONIA /1                   | 20 F. FOR                 | 11/VE -                                |
| \$ 150-REV. 1/1/65   | VS 150-REV. 1/1/65   |                                   | 10 71                         | 1                         |  |

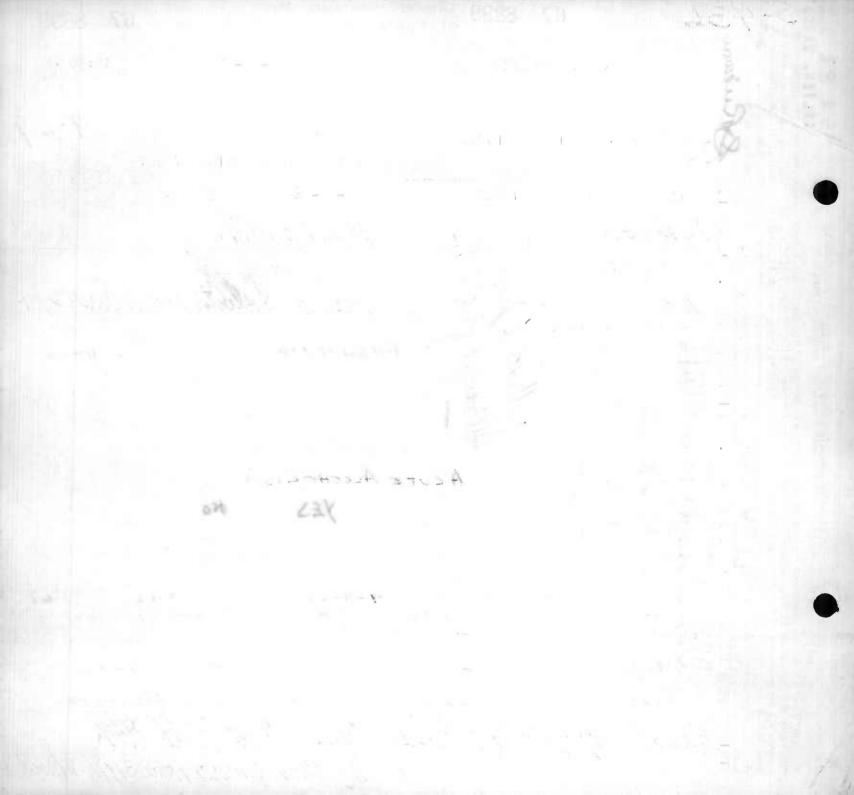
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BALTIMORE CITY HEALTH DEPARTMENT

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BALTIMORE CITY HEALTH DEPARTMENT



| Type or I   | WITCHWEI   |  | DNG  | 2. DATE AND HOUR OF DE<br>September 14   | ,1967   11:15 P.   |
|---|--|--|--|--|--|
| FULL 1  | NAME OF ALL OR UTION 505 S. East   | or institution,<br>n)  | givo street  | A. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY I.d.  C. CITY OR TOWN (If outside city limits, a Baltimore)  | I. If institution: residence before admis  |
| 0   | O Baltimore,   | 21224  | , Md.  | D. STREET ADDRESS (If rurol, give locotion 505 S. East Ave.  |  |
| sex<br>Male   | 6. RACE<br>White   | WIDOWE   | NEVER MARRIED D. DIVORCED (specify)  | July 9, 1877    Solution of Birth   9. Age (In years tost birthdoy)   90   | If Under 1 Yr. If Under 24<br>Months Doys Hours M                                |
|   | AL OCCUPATION (Give kind of work g most of working life, even if refired)  Retired   |  | struction  | 1). BIRTHPLACE (Stote or foreign country)  Baltimore, Md.  | 12. CITIZEN OF WHAT COUNTRY?   |
| 3. FATHI  | Michael Ma   | hring  |  | 14. MOTHERS MAIDEN NAME Catherine Eise   |  |
| es, no or   | Deceased Ever in U. S. Armed For unknown) (If yes, give wor or doto  |  | 16. SOCIAL<br>SECURITY NO.<br>215-01-1427  | 17. INFORMANT  LOTETTA M. Mehring  | ADDRESS  |
|   |  |  |  |  |  |
| DISE rise UND   | LEADING TO DEATH  daes not mean the made of failure, asthenia, etc. It means y ar camplication which caused  ANTECEDENT CAUSES  ASES OR CONDITIONS, if to the above cause (A) DERLYTING CONDITION last.  II  ER SIGNIFICANT CONDITIONS CAUSING IT THE DEATH BUT NOT RELA ASE OR CONDITION CAUSING IT   | the disease, death.)  any, giving stating the  | (C)  | epertensein  | ?  |
| DISE rise UND   | does not mean the made of failure, asthenia, etc. It means are camplication which caused ANTECEDENT CAUSES  ASES OR CONDITIONS, if to the abave cause (A) DERLYING CONDITION last.  ER SIGNIFICANT CONDITIONS CAUSEN THE DEATH BUT NOT RELATED SEED TO CONDITION CAUSING I   | any, giving stating the CONTRIBUTINATED TO THE   | (C)  | [20A. AUTOPSY? (Yes or No)] 20B. IF YES. V   | WERE FINDINGS CONSIDERED G CAUSES OF DEATH?                                      |
| DISE. rise UND OTH TO DISE. 19A. [  | a does not mean the mode of failure, asthenia, etc. It means your camplication which caused ANTECEDENT CAUSES  ASES OR CONDITIONS, if to the above cause (A)  DERLYING CONDITION last.  ER SIGNIFICANT CONDITIONS CONTINE DEATH BUT NOT RELATES OR CONDITION CAUSING IDDATE OF OPERATION 198. CONDITION 198 | any, giving stating the CONTRIBUTINATED TO THE.  | G  G  WHICH OPERATION  D. PLACE OF INJURY (e.g., in the property of the proper | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, V<br>IN CERTIFYING   | WERE FINDINGS CONSIDERED   |
| DISE rise UND OTH TO DISE 19A. I  | a does not mean the made of I failure, asthenia, etc. It means y ar camplication which caused ANTECEDENT CAUSES  ASES OR CONDITIONS, if to the abave cause (A) DERLYING CONDITION last.  ER SIGNIFICANT CONDITIONS CAUSE OR CONDITION CAUSING IN THE DEATH BUT NOT RELATED TO THE DEA | any, giving slating the CONTRIBUTIN TO THE TO THE TO THE TO THE TOTAL THE TO | G  B. PLACE OF INJURY (e.g., ine, form, foctory, street, on, on, on, on, on, on, on, on, on, on  | 20A. AUTOPSY? (Yes or No) 20B. IF YES, V IN CERTIFYING n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  | WERE FINDINGS CONSIDERED G CAUSES OF DEATH?                                      |
| DISE rise UND DISE TO | a does not mean the made of I failure, asthenia, etc. It means y ar camplication which caused ANTECEDENT CAUSES  ASES OR CONDITIONS, if to the abave cause (A) DERLYING CONDITION last.  ER SIGNIFICANT CONDITIONS CAUSE OR CONDITION CAUSING IN THE DEATH BUT NOT RELATED TO THE DEA | any, giving stating the CONTRIBUTIN TO THE TO THE TO THE THE TOTAL TO THE  | G  G  E  WHICH OPERATION  E  PLACE OF INJURY (e.g., integration of the control of | 20A. AUTOPSY? (Yes or No) 20B. IF YES, V IN CERTIFYING n or obout 21C. WHERE DID (If in Bo ffice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  and that in (my) (owe remains A Director B Phys., B DIRECTOR B DIREC | WERE FINDINGS CONSIDERED G CAUSES OF DEATH?  Ultimore City, give exact location) |

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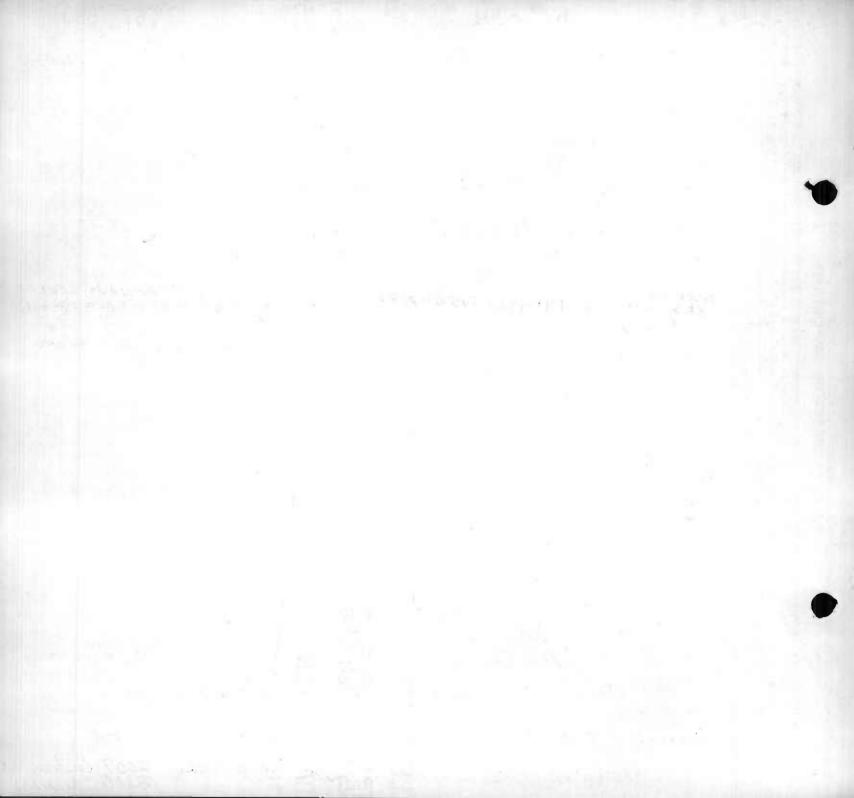
IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.



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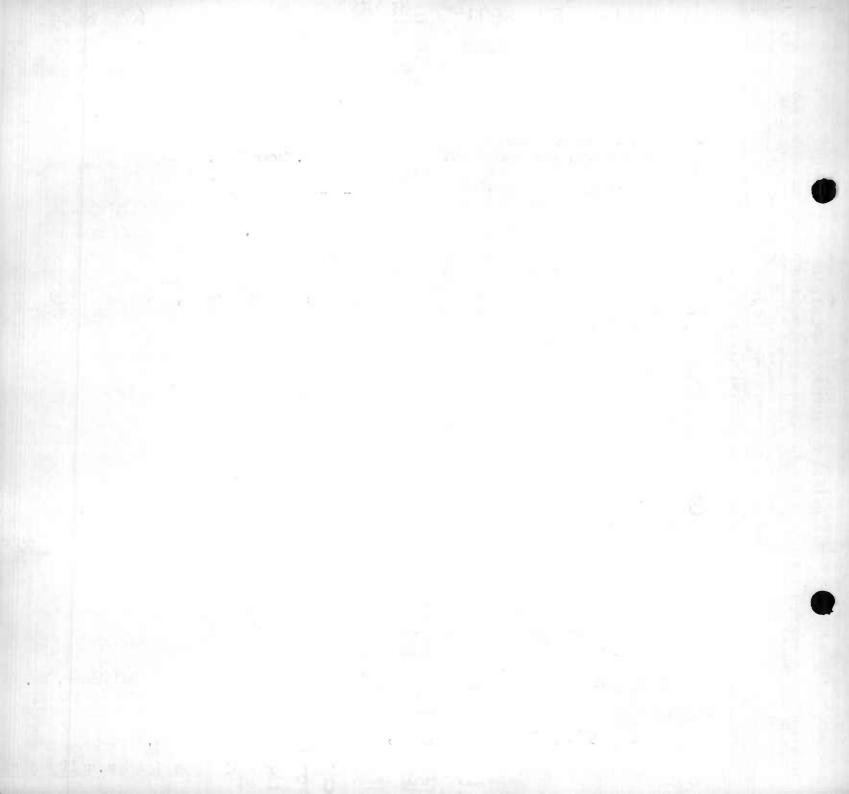
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 8903

| A.E. CASE NO.                                |   |                             |                       |                  |                          |                   |   |
|--|---|-----------------------------|-----------------------|------------------|--------------------------|-------------------|---|
| NAME OF DECEASED                             | F.  |                             |                       | 2. DATE AND      | HOUR PRONOU              | NCED DEAD         |   |
| CHAIR  | LES HONFELDT  |                             |                       | Septem           | ber 14,                  | 1967              | 7:35 pm.                                |
| PLACE IN BALTIMORE, M.                       | RYLAND, WHERE PRONO                                   | UNCED DEAD                  | 4. USUAL RESIDE       | ENCE (Where de   | ceosed lived. If<br>B. ( | institution: resi | dence before odmission)                 |
| JLL NAME OF (IF NO                           | IN HOSPITAL OR INSTIT                                 | UTION, GIVE STREET          | C. CITY OR TOW        | aryland          | corporate limits.        | write RURAL o     | nd give lownship)                       |
| OSPITAL OR ADDRE                             | SS OR LOCATION)                                       |                             | 0. 011 011            |                  | orporoto minis,          | 6                 | 7-07                                    |
| 00   |   |                             |                       | imore            |                          | 7                 | -0/                                     |
| 2738 Harfo                                   | rd Road   |                             | D. STREET ADDR        |                  |                          |                   |   |
| SEX 6. RACE                                  | T AAADDIED  | NEVER MARRIED               | B. DATE OF BIRTH      | Harford          | Road                     | are If Hada       | 1 Yr. If Under 24 Hrs.                  |
| 0. 1702                                      |   | DIVORCED (specify)          |                       |                  | lost birthdoyl           |                   | Doys   Hours   Min.                     |
| Male Wh                                      | ite Sing.   |                             | June 16,              | 1891             | 76                       | 10 61717          | 501.05                                  |
| OA. USUAL OCCUPATION (Gi                     | ven if retired)                                       |                             | RTO I. BIRTHPLACE I   | plote of loreign | country)                 | 12. CITIZ         | T COUNTRY?                              |
| Retired                                      | B & 0   | Railroad                    | Baltimo               | re, Mary         | land                     |                   |   |
| FATHER'S NAME                                | Wam C. 7 J.   |                             |                       |                  |                          |                   |   |
|  | ry Homfeldt   | 10 -1.                      |                       | Schaeff          | erman                    | 4555              |   |
| es, no or unknown) (If yes, give             |   | 16. SO CIAL<br>SECURITY NO. | 17. INFORMANT         |                  |                          | ADDRES            |   |
| Yes 4-16-                                    | 18 8-14-19  |                             | Herman                | Homfeldt         | 3122                     | Chester.          | field Ave.                              |
| 18.  | ,   | CAUS                        | E OF DEATH            |                  |                          |                   | INTERVAL BETWEEN                        |
| T DISEASE OF COL                             | NDITION DIRECTLY                                      |                             |                       |                  |                          |                   | ONSET AND DEATH                         |
| LEADING                                      | TO DEATH  |                             | Arteriosc             | lerotic          | Cardiovas                | scular            |   |
| (This does not meon the or follows as the or | the mode of dying, e.g.,<br>tc. It means the disease, | DUE TO                      | ALCCLIOSC.            |                  |                          | , c c L c L       | × = = = = = = = = = = = = = = = = = = = |
| injury or complication w                     | hich coused deoth.)                                   |                             |                       | Disea            | se                       |                   |   |
| ANTECEDE                                     | NT CAUSES   |                             |                       |                  |                          |                   | 2010                                    |
|  | ITIONS, IF ANY, GIVING                                | DUE TO                      |                       |                  |                          |                   |   |
|  | AUSE (A) STATING THE                                  | 205 10                      |                       |                  |                          |                   |   |
|  | HON LASI.   | (C)                         |                       | •••••            |                          |                   | ×                                       |
| OTHER SIGNIFICANT OF                         | II  |                             |                       |                  |                          |                   |   |
| OTHER SIGNIFICANT                            | CONDITIONS CONTRIBUTI                                 |                             |                       |                  |                          | CONTRA            |   |
| DISEASE OR CONDITION                         | ON CAUSING IT.  | [HE                         | ,                     | ,                |                          |                   |   |
|  | N 198, CONDITION FOR                                  | WHICH OPERATION             | 20 A. AUTOPSY         |                  | B. IF YES, WER           |                   |   |
| 2)   | WAS PERFORMED   |                             | YES                   | _                | CERTIFYING C             | YES               | AIM                                     |
| 21 A. EXTERNAL CAUSE V                       | VAS 21B.  | PLACE OF INJURY (e.g.       | , in or obout 21 C. W | HERE DID (IF     | in Boltimore City        |                   | ocotion)                                |
| UTING CAUSE OF DEA                           | TH. etc.)   | e, folit, fociory, affect,  | onice biago, into Ki  | OCCOR:           |                          |                   |   |
| 5  | (Doy) (Yeor) (Hour)                                   | 21E. INJURY OCCURRED        | 21 F. HC              | OW DID INJUR     | Y OCCUR?                 |                   |   |
| OF INJURY<br>(APPROX.)                       |   | WHILE AT   NOT              | WHILE                 |                  |                          |                   |   |
| 22.  | m.  | WORK L AT                   | WORK                  |                  |                          |                   |   |
| 1 certify that I                             | held an Inquiry                                       | Inspection A                | utapsy X and          | that on this     | basis, death             | in my apinia      | n                                       |
| resulted from:                               | Natural causes X                                      | Accident Suici              | de Hamici             | de 🗌 Un          | determined mo            | nner 🗌            |   |
|  | 7/  | /                           | CHIEF ME              | EDICAL EXA       | MINER X                  |                   |   |
| ACTUAL                                       | 15 Ment   | ren/                        | D. ASSISTANT MI       | FDICAL EXA       | MINER                    |                   | DATE SIGNED                             |
| SIGNATURE                                    | 1 400 -000  | M.1                         | ASSOCIATE M           |                  |                          |                   |   |
| NAME (Type)                                  | Russell S. Fi   | sher M D                    | AJJOCIA I E M         | -JIGHL LAP       |                          | Septemb           | er 15, 1967                             |
| A. BURIAL CREMATION,                         | 23B. DATE 23  | C. NAME of CEMETERY         | or CREMATORY          | 23D. LO          | CATION (                 | City, town, or    |   |
| EMOVAL (Specify)                             | 0.20.3062   | Da744                       |                       |                  |                          |                   |   |
| Burial                                       | 9-19-1967   | Baltimore Na                |                       | Bal              | timore, 1                | Mary Land         | ADD RESS                                |
| W. DALE KEC.DOL MENTIL                       | 3 435/ (PAD)  | OF REGISTRAR                |                       | AL DIRECTOR      |                          |                   |   |
|  | -10000  | E, starley MA               | Lilly                 | & Zeile          | r Inc.                   | 1901-07           | Eastern Ave                             |

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assistant

the chief medical examiner

by

approved

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

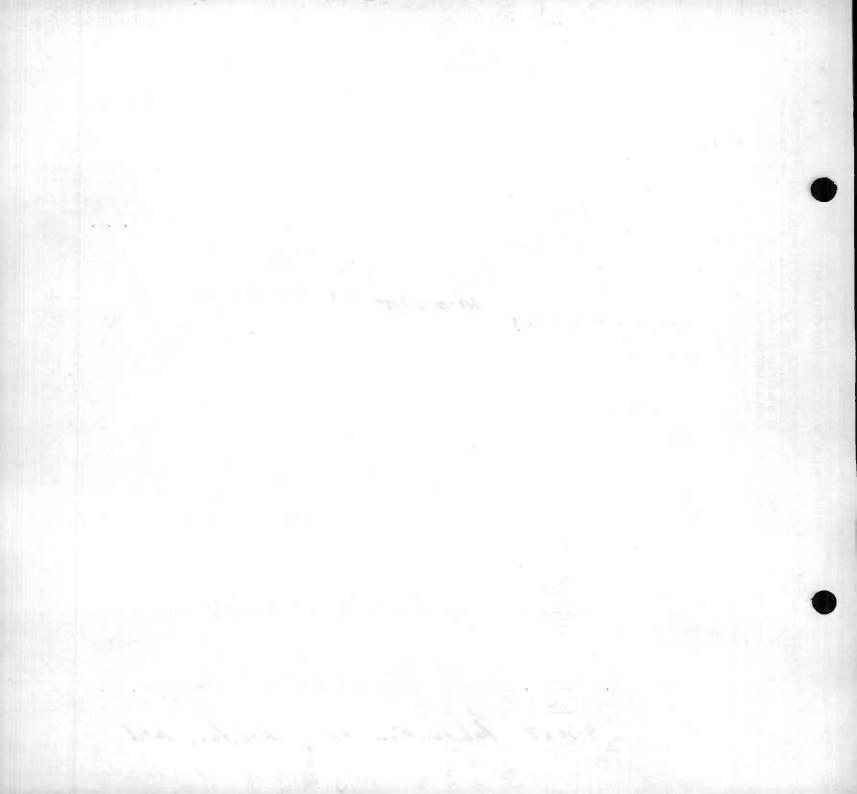
Hours

U.S.A.

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH





IMPORTANT

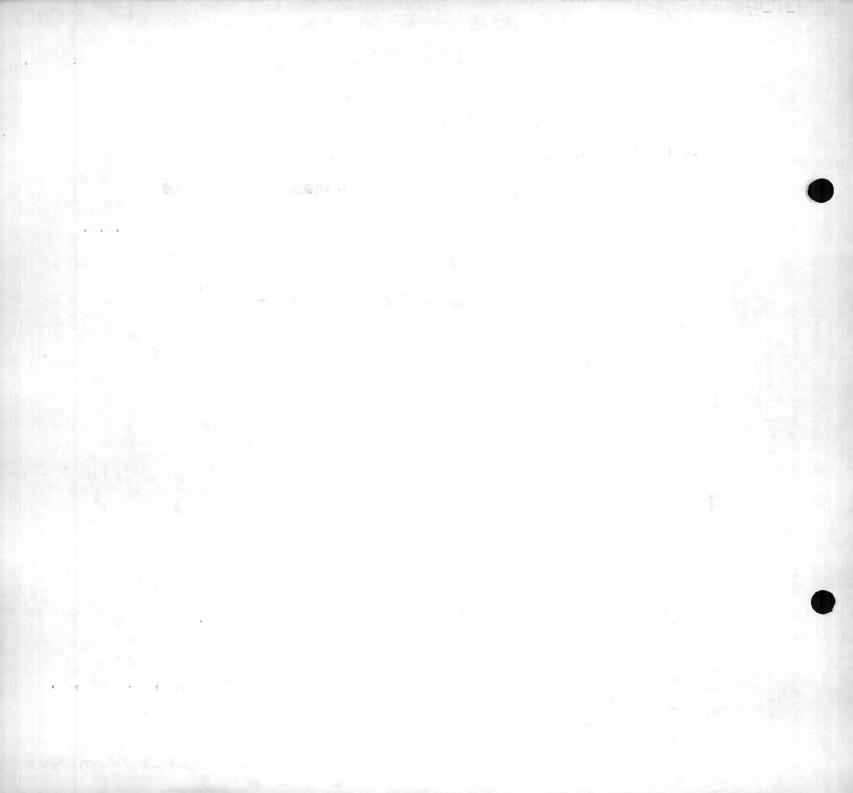
DIRECTOR:

FUNERAL

, Y.'

9.

| M.E. CASE NO.  1. NAME OF DECEASED   |  | TE OF DEATH  | ND HOUR OF DEATH  | 57/                               |                |
|--|--|--|---|-----------------------------------|----------------|
| TOHN A. YO   | UNG (JOHN A YOU  | NG) 9/   | 5/17 8  | Jan !                             | 8:3            |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLA   | AND  | 4. USUAL RESIDENCE Whe   | re deceased lived. If in  | stitution: residence              | before         |
| FULL NAME OF (If not in hospital or in   | estitution give street   | Maryland   |   |                                   |                |
| HOSPITAL OR oddress or location)   |  |  | tside city limits, write R  | RURAL and give to                 | yeship         |
| Baltimore Cit  |  | Baltimore  |   | 4                                 | 1              |
| 3 4940 Eastern   | Avenue   |  | ruial, give lacation)   |                                   |                |
| Baltimore, Mar   | yland 21224  | 1905 Oakhill   | LAvenue   | 21218                             |                |
|  | MARRIED, NEVER MARRIED<br>WIDOWED, DIVORCED (specify)  | 8. DATE OF BIRTH   | 9. AGE (In years  | If Under 1 Yr.<br>Months: Doys    | If Un<br>Hours |
| Male Negro   | MARRIED  | 5-1-1908   | last birthday 59  | Monnis Days                       | Hours          |
| 10A. USUAL OCCUPATION (Give kind of work 10 B.   |  | 11. BIRTHPLACE (State or fore  | ign cauntry)  | 12. CITIZEN OF                    |                |
| dane during mast af warking life, even if retired)   |  | South Carol  | ino   | U.S.A                             |                |
| 13. FATHERS NAME   |  | 14. MOTHER'S MAIDEN NA   |   | 0.0.A                             | •              |
|  | n Young  | THE PROPERTY IN  |   | (Rosebor                          | 10             |
|  | /  |  | Jaine   |                                   |                |
| 15. Was Deceased Ever in U. S. Armed Faices?<br>(Yes, na ai unknawn) (If yes, give wai ai dates af   | service) 1 6. SOCIAL<br>SECURITY NO.   | 17. INFORMANT  |   | ADDRE                             |                |
| No   | 216-12-3642  | Records: BCH-2   | 940 Eastern   | Avenue :                          | 212            |
| 18.1/3 X N-002   | (2) CAUSE O  | F DEATH  |   | INTERV                            |                |
| DISEASE OR CONDITION DIRECT  | TLY  |  |   | uncer                             | lace           |
| LEADING TO DEATH   | (A) Jg   | comous cell can  | ceasure him   | 1.                                |                |
| (This does not meon the made of dyi<br>heart failure, osthenia, etc. It means the  | ng, e.g., DUE TO   |  | /   | 1                                 |                |
| injury or complication which coused dea  |  |  | U   |                                   |                |
| ANTECEDENT CAUSES  | (B)DUE TO  | ~~~~~  | ************************  |                                   | *******        |
| DISEASES OR CONDITIONS, if ony,  |  |  |   |                                   |                |
| rise to the above couse (A) sta  | iling the (C)  |  |   |                                   |                |
| ll ll  |  |  |   |                                   |                |
| O OTHER SIGNIFICANT CONDITIONS CON   | TRIBUTING  | - 1 - 2 - N W  |   |                                   |                |
| OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.   | , TO THE gld Tealed 4  | buculous Lu  | L'ERUL MINET  | 10a 154                           |                |
| 194 date of operation 198. CONDITION 199. CONDITION WAS PERFORM  | ON FOR WHICH OPERATION   | 20 A. AUTOPSY? (Yes ar N   | IN CERTIFYING CA  | FINDINGS CONS                     | DERED          |
| 性 1/1 × 1/13(6) Kienicke   | 1 1  | yes  | IES   |                                   |                |
| VIII -   | ARIBAPLACE OF INJURY (e.g., i  |  | (If in Ba)timare  | City, give exact                  | lacatio        |
| OR CONTRIBUTING CAUSE OF   |  | n ar about 21C. WHERE DID  |   |                                   |                |
| OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)   | tho de, farm, factory, street, a   | n ar aboy: 21C. WHERE DID ffice bldg., INJURY OCCUR?   |   |                                   |                |
| OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) O 21D. TIME (Manth) (Day) (Year) (H   |  | n ar aboff 21 C. WHERE DID<br>ffice bldg., INJURY OCCUR?   |   |                                   |                |
| OR CONTRIBUTING CAUSE OF  DEATH (natify medical examiner)  | etc.)  1001) 21E. INJURY OCCURRED  While At Nat Whil   | 21F. HOW DID IN  |   |                                   |                |
| OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21D. TIME (Manth) (Day) (Year) (H OF INJURY (APPROX.)  | while At Nort While At Wark  | 21F. HOW DID IN  | URY OCCUR?  | 9/15                              |                |
| OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21D. TIME (Manth) (Day) (Year) (HOPROX.)  22. I certify that (I) (this hospital) a   | While At Nat While At Wark   | 21F. HOW DID IN  | 19  | 9/.5                              |                |
| OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21D. TIME (Manth) (Day) (Year) (H OF INJURY (APPROX.)  22. I certify that (I) (this hospital) at that (I) (we) lost saw the deceased a   | while At Not While At Wark  Not While At Wark  Not While At Wark  At Wark  | 21F. HOW DID INJ   | URY OCCUR?  | 9/15<br>nion death occu           |                |
| OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21D. TIME (Manth) (Day) (Year) (H OF INJURY (APPROX.)  22. I certify that (I) (this hospital) a that (I) (we) lost saw the deceased a and hour and from the causes stated  | while At Not While At Wark  Not While At Wark  Not While At Wark  At Wark  | 21F. HOW DID INJ   | 19  | 9/15<br>nion death occu           |                |
| OR CONTRIBUTING CAUSE OF DEATH (natify medical examines)  21D. TIME (Manth) (Day) (Year) (H OF INJURY (APPROX.)  22. I certify that (I) (this hospital) at that (I) (we) lost saw the deceased a   | while At North Wark  Not While At Wark  At wark  At wark  Not While At Wark  At wark | 21F. HOW DID IN.   | 19  | nion death occu                   | rred           |
| OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21D. TIME (Manth) (Day) (Year) (H OF INJURY (APPROX.)  22. I certify that (I) (this hospital) a that (I) (we) lost saw the deceased a and hour and from the causes stated  | while At North Wark  Not While At Wark  At wark  At wark  Not While At Wark  At wark | 21F. HOW DID INJ   | 19  |                                   |                |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Day) (Year) (HOF INJURY (APPROX.)  22. I certify that (I) (this hospital) at that (I) (we) lost saw the deceased a and hour and from the causes stated 23A. SIGNATURE   | while At Not While At Wark  Itended the deceased from  Obove (1) We) (did) (did nat)  M.D. Attended  | 21F. HOW DID INJ   | 19 to appropriate in (my) (our) appropriate in (my)   | 23B. DATE SIGN                    | rred           |
| OR CONTRIBUTING CAUSE OF DEATH (natify medical examines)  21D. TIME (Manth) (Day) (Year) (HOF INJURY (APPROX.)  22. I certify that (I) (this hospital) at that (I) (we) lost saw the deceased a and hour and from the causes stated.  23A. SIGNATURE   | while At Not While At Wark  Itended the deceased from  Obove (1) We) (did) (did nat)  M.D. Attended  | 21F. HOW DID INJ   | 19  | 23B. DATE SIGN                    | rred           |
| OR CONTRIBUTING CAUSE OF DEATH (natify medical examines)  21D. TIME (Manth) (Day) (Year) (HOF INJURY (APPROX.)  22. I certify that (I) (this hospital) at that (I) (we) lost saw the deceased a and hour and from the causes stated 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 124B. DATE  | while At Not While At Wark  Not While At Wark  A | 21F. HOW DID IN.  19 and the view the body ofter deoth.  23D. ADDRESS 4940 Eas   | Staff Avenue Hesser Avenue  | 23B. DATE SIGN                    | L 7            |
| OR CONTRIBUTING CAUSE OF DEATH (natify medical examines)  21D. TIME (Manth) (Day) (Year) (HOF INJURY (APPROX.)  22. I certify that (I) (this hospital) at that (I) (we) lost saw the deceased a and hour and from the causes stated 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) IEONARD IA  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  | while At Not While At Wark  Itended the deceysed from  Obove (1) We) (did) (did nat)  M.D. Attribute  M.D. Attribute  Attribute  M.D. Attribut | 21F. HOW DID IN 19 and the riew the body ofter deoth.  23D. ADDRESS 4940 East April 24D. Least April 24D. Le | Stoff Avenue Hospital Ocation   | 23B. DATE SIGNI                   | L 7            |
| OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21D. TIME (Manth) (Day) (Year) (HOF INJURY (APPROX.)  22. I certify that (I) (this hospitol) of that (I) (we) lost saw the deceased a and hour and from the causes stated 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify)  34B. DATE  24A. BURIAL CREMATION, REMOVAL (Specify)  34B. DATE | while At Not While At Wark  Itended the deceysed from  Obove (1) We) (did) (did nat)  M.D. Attribute  M.D. Attribute  Attribute  M.D. Attribut | 21F. HOW DID IN 19 and the view the body ofter deoth.  23D. ADDRESS 4940 East April 24D. Letter 19 and 19 a | Staff Netern Avenue Hesser Avenue Hesser Avenue Hosser Avenue Hosser Avenue Hosser Avenue Hosser Avenue Hosser Avenue Hosser Avenue | Baltimore  J  Ty, town, or county | L 7            |



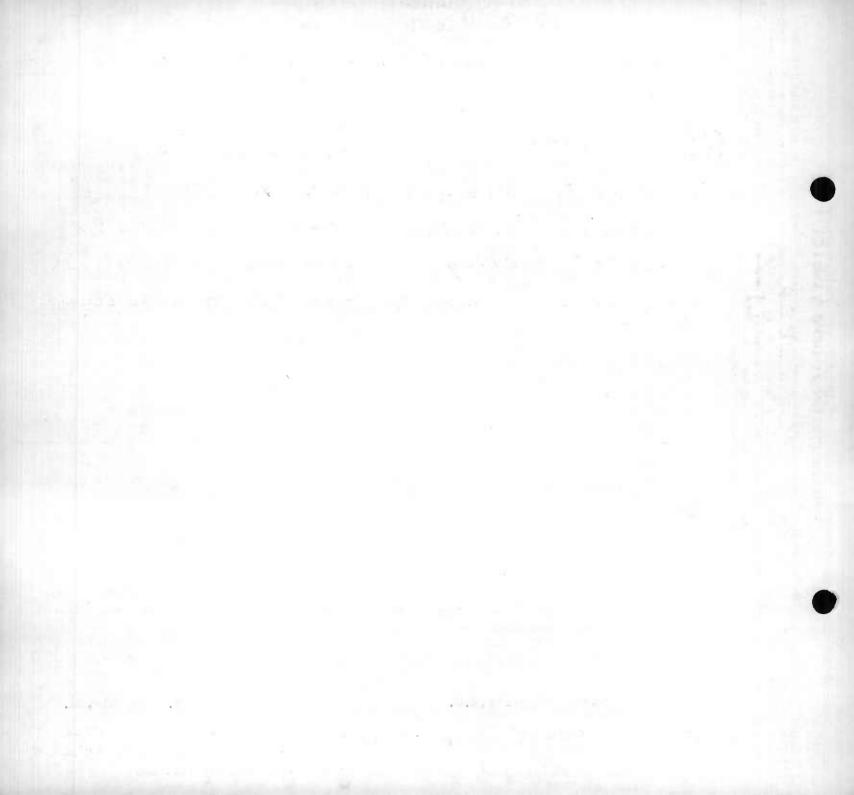
| BIRTH                 | NO.  |  | MEDI  | CAL   | EXAMIN                | VER'S CE        | ERTIFICAT       | E OF D              | DEATH Regist                       | ered No.                 | 7. 03                       | 109               |
|-----------------------|--|--|---|---|-----------------------|-----------------|-----------------|---------------------|------------------------------------|--------------------------|-----------------------------|-------------------|
| _                     | CASE NO.   |  |   |   |                       |                 |                 |                     |                                    |                          |                             |                   |
|                       | AME OF DEC   | LBUR   | т   |   | TT                    | CETTO           |                 |                     | HOUR PRONOUNCE                     |                          | 1.00                        | D                 |
| 3. PL                 |  |  | L.  | HERE PRON                                   | OUNCED DE             | GGETTS          | 4. USUAL RESIDI | Sept<br>ENCE (Where | ember 15, 1 deceosed lived. If ins | 1967<br>stitution: resid | 4:26<br>ence before a       | dmission)         |
| FULL<br>HOSI<br>INSTI | NAME OF  | (IF NOT II   | N HOSPITA   | L OR INST                                   | TUTION, GIV           | E STREET        |                 | VN (If outside      | corporate limits, writ             |                          |                             |                   |
| 00                    | 1116 W.  | Mosher   | St. (   | DOA)  |                       |                 | D. STREET ADDR  |                     |                                    |                          | 16                          | 1                 |
| 5. SE                 | ale  | 6. RACE<br>Negro   | · (   | MIDO WED                                    | D, NEVER MA           |                 | 12-18-          |                     | 9. AGE (In years lost birthday)    | Months:                  | 1 Yr. If Unde<br>Doys Hours | r 24 Hrs.<br>Min. |
| done                  |  | orking life, ever  |   |   | Store                 | OR INDUSTRY     | BALTI.          | MUNE                | MD                                 | 12. CITIZE               | COUNTRY?                    |                   |
| 1.                    | ancs i   | F J. 9  D EVER IN U.   | /   |   | 114 50 5141           | - 7             | TO MA           | 11                  | 5 RBY                              | ADDRESS                  |                             |                   |
| (Yes,                 |  | (If yes, give v  |   |   | 16. SO CIAL<br>SECURI |                 | Emma            | G. Lig              | 557532                             |                          | SEM ITS                     | -ACK              |
|                       | (This does in heart foilure, injury or con i | E OR COND<br>LEADING To<br>otherio, etc.<br>aplication whice<br>NTECEDENT<br>OR CONDITION<br>E ABOVE CAU | O DEATH mode of the meons checoused of CAUSES ONS, IF A USE (A) ST ON LAST. | dying e, the discost deoth.)  NY, GIVING TH | E ((                  | B)DUE TO        |                 | Cardio              | vascular Di                        | sease                    | INTERVAL BE                 | TWEEN DEATH       |
| CERTIFICATION         |  | OPERATION  | CAUSING   | IT.   | R WHICH OP            | ERATION         |                 |                     | 20B. IF YES, WERE F                |                          | . 7112                      | Yes               |
| OU                    | NDERLYING  | CAUSE WA<br>OR CONTRIB-<br>SE OF DEATH   |   | 21<br>ho<br>etc                             | me, form, for         | INJURY (e.g., i |                 | HERE DID (          | lf in Boltimore City, g            | jive exact lo            |                             |                   |
| ó                     | F INJURY<br>APPROX.)   | (Month) (D   | oy) (Yeor   |   | WHILE AT              | OCCURRED NOT W  | WHILE           | DENI DID WO         | RY OCCUR?                          |                          |                             |                   |
| 2                     |  | ify that I he  |   | nquiry                                      | Inspecti<br>Accident  | _               | Hamicia         |                     | s basis, death In                  |                          |                             |                   |
|                       | ACTUAL<br>SIGNAT<br>EXAMIN<br>NAME (   | JRE<br>ER'S W<br>Type)   | Verner  | U. SI                                       | oitz, M.              | M.D.            | ASSISTANT ME    | EDICAL EX           | AMINER X                           |                          | 9/16/6                      |                   |
|                       | BURIAL CREATER STATE OF THE STA |  | DATE /205/  | 67  | mar a                 | cemetery of     | CREMATORY       | 23D. LO             | CATION (City                       | y, town, or co           |                             | Stote)            |
| 24A.                  | DATE REC'D   | FD 1 o 1   | 967 A   | 24B, NAN                                    | e OF REGISTI          | Dec MA          | Mans            | L DIRECTOR          | & Hoya L.                          | 38 29                    | DDRESS                      | r st              |
| VS 1                  | 51-REV. 1/1/   | 5  | Jui ()  | The second                                  | COL                   | 0 0             | 0 0 0           | 0 6                 |                                    |                          |                             |                   |

12-16-1907 - 21-21 STRANGO Marine Dept Mark a Bacomer My 1414 down to yearsy The sale of war a fold the sale of the sale

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



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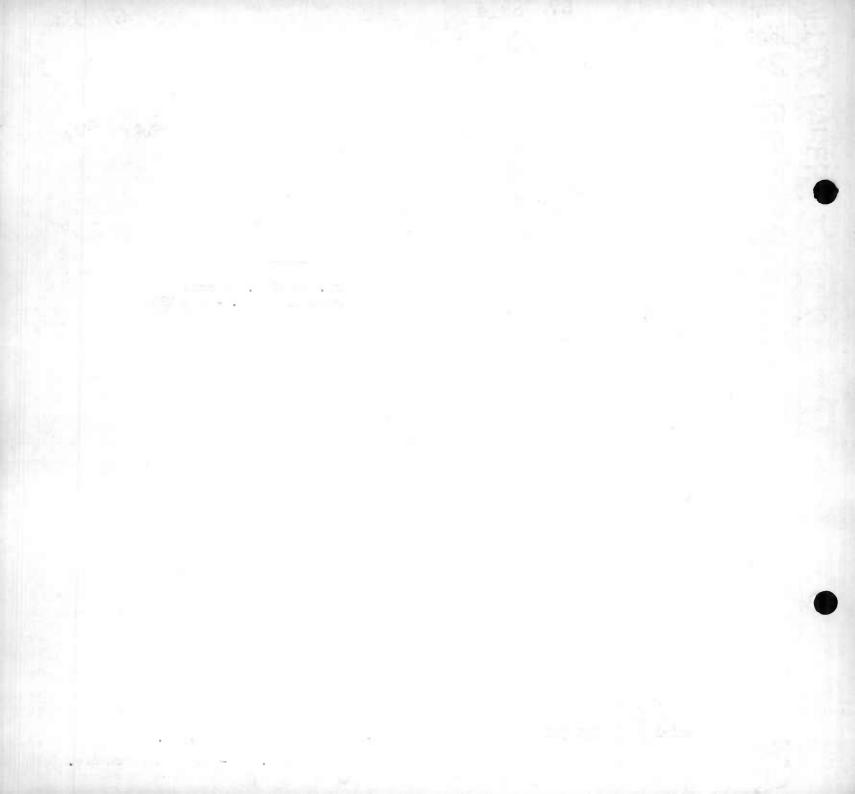
| MEDICAL EXAMINARY CERTIFICATE OF DEATH ROSISTAN  | 101                            |
|--|--------------------------------|
| M.E. CASE NO.  |                                |
| 1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR PRONOUNCED D   | EAD                            |
| LUCY E. PAGE (TALBOT) September 13,1967  | ? M.                           |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution A. STATE  B. COUNTY   | nt residence before admission) |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland  |                                |
| HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN (If outside carparate limits, write RUR INSTITUTION  | AL and give tawnship)          |
| Baltimore  | 3-03                           |
| 2501 Salem Ave.  | /                              |
| 2501 Salem Ave.  |                                |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If  | Under 1 Yr. If Under 24 Hrs.   |
| Female Colored MARRIE d 1-18-32 lost birthday) Mo  | minis Duys   Hours   Mini.     |
| 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12.  | CITIZEN OF                     |
|  | WHAT COUNTRY?                  |
| 13. FATHER'S NAME  |                                |
| Ha Wasa  |                                |
| TAMMIE TAGE CORA MORRIS  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL 117. INFORMANT AD   | DRESS                          |
| The state of the s | 1 Pt, ALE                      |
| JAMES C. Page 3807 C   | 11+104 ANI                     |
| 18. CAUSE OF DEATH   | INTERVAL BETWEEN               |
| DISEASE OR CONDITION DIRECTLY  | ONSET AND DEATH                |
| LEADING TO DEATH Arteriosclerotic Cardiovascular   |                                |
| (This daes not meon the mode of dying, e.g., DUE TO Disease  |                                |
| injury or complication which caused death.)  |                                |
| ANTECEDENT CAUSES Pneumonia  |                                |
| DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO  |                                |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |                                |
| (C)  |                                |
| OT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes at No.) 208. IF YES, WERE FINDIN   |                                |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  |                                |
| DISEASE OR CONDITION CAUSING IT.   |                                |
| 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDIN WAS PERFORMED   | GS CONSIDERED                  |
| 165 165  | o wacini                       |
| ✓ 21A. EXTERNAL CAUSE WAS  | act lacation)                  |
| UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.    hame, farm, factory, street, affice bidg., NJURY OCCUR?   etc.)  |                                |
| 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?   |                                |
| OF INJURY (APPROX.) WHILE AT NOT WHILE   |                                |
| 22.  |                                |
| I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my ap   | olnion                         |
| resulted fram: Natural causes X Accident Suicide Homicide Undetermined manner  |                                |
|  |                                |
| CHIEF MEDICAL EXAMINER [X]   |                                |
| CHIEF MEDICAL EXAMINER X   | DATE SIGNED                    |
| ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER   | DATE SIGNED                    |
| ACTUAL SIGNATURE EXAMINER'S  CHIEF MEDICAL EXAMINER  M.D. ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER   |                                |
| ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER SEAMINER RECORD RUSSELL S. Fisher, M.D. Se   |                                |
| CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSell S. Fisher, M.D.  23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)  CHIEF MEDICAL EXAMINER  M.D. ASSISTANT MEDICAL EXAMINER  SE  23C. NAME of CEMETERY of CREMATORY  23D. LOCATION (City, Town)  | ptember 13, 1967               |
| CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSell S. Fisher, M.D.  23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)  CHIEF MEDICAL EXAMINER  M.D. ASSISTANT MEDICAL EXAMINER  SE  23C. NAME of CEMETERY of CREMATORY  23D. LOCATION (City, Town)  | ptember 13, 1967               |

TE-71-1 BEINGE MARKET 7+ was not MAMANE PAGE CORA MERRIE Jense E-1280 3807 6 1/20 Just & lake & ison

11/10/24 44 . HOTENIFE Ellastie W. Bullick M. 2 25 B Hacks Balts I think I some subord it South of your of Theats Of House

FUNERAL DIRECTOR: IMPORTANT

| R-162 67 8914 BALTIMORE  | CITY HEALTH DEPARTMENT   | 0014   |
|--|--|--|
| CERTIFIC   | CATE OF DEATH Registered No  | . 67 8914  |
| A.E. CASE NO. , NAME OF DECEASED   | 2. DATE AND HOUR OF DEATH  | 4  |
| Type or Printl GODALTE PARENTS   |  |  |
| GNACE KUBEK IS   | 9-16-67  4. USUAL RESIDENCE (Where deceased lived. If  | 7:001  |
| PLACE OF DEATH IN BALTIMORE, MARYLAND  | 4. USUAL RESIDENCE (Where deceased lived. If   | institution: residence before admissi  |
|  |  |  |
| FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)  | PALITIONE  | RURAL and give township)   |
| INSTITUTION  | C. CITY OR TOWN (If outside city limits, write   | RURAL and give township)   |
|  |  | 28=04  |
| + Bon Secours Hospital   | D. STREET ADDRESS (If rurol, give location)  | 7  |
| pon secours hospital   | 611N. Chapel Gata  | = /2   |
| SEX 6. RACE 7. MARRIED, NEVER MARRIED  |  | 1 K 11 1 1 N K 11 1 0 1 H  |
| WIDOWED DIVORCED (specify  | v) lost birthdov)  | If Under 1 Yr. If Under 24 H<br>Months Doys Hours Min.   |
| THEMALE WHITE WIDOWED  | 3-10-1890 77   |  |
| A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU   |  | 12. CITIZEN OF   |
| one during most of working life, even if retired)  |  | WHAT COUNTRY?  |
| THE RESERVE OF THE PARTY OF THE | MARYLAND   | U. S. A.   |
| B. FATHERS NAME  | 14. MOTHER'S MAIDEN NAME   |  |
| TO A . JANA .  |  |  |
| AKANKLIN JOHNSON   | -  |  |
| . Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL  | 17. INFORMANT  | ADDRESS  |
| es, no or unknown) (If yes, give wor or dates of service) SECURITY NO.   | 17. INFORMANT<br>Mrs. Hazel R. Roberts   | 1075   |
|  | Green Glade Rd Box :   | 228C   |
| 18. / / / CAU  | SE OF DEATH  | INTERVAL BETWEEN   |
| 43/  |  | ONSET AND DEATH  |
| DISEASE OR CONDITION DIRECTLY  | a huned astains to   |  |
| LEADING TO DEATH   | war an and doc   | 12-N1  |
|  |  |  |
| (This does not meon the mode of dying, e.g., DUETO   | 0  |  |
| hearl failure, aslhenio, etc. Il meons the diseose,  | a salis australia  | ) Current  |
| hearl failure, asthenio, etc. Il meons the diseose, injury or complication which caused deoth.)  | awhic aneing or  | w lovers   |
| hearl failure, aslhenio, etc. Il meons the diseose,  | ash's aneingo  | w loves  |
| hearl failure, asthenio, etc. Il meons the diseose, injuly of complication which caused deoth.)  ANTECEDENT CAUSES  OUE TO DISEASES OR CONDITIONS, if any, giving  | aartic aneingo   | w lovers   |
| hearl failure, asthenio, etc. Il meons the diseose, injury or complication which caused deoth.)  ANTECEDENT CAUSES  OUE TO DISEASES OR CONDITIONS, if any, giving tise to the obove couse (A) staling the (C)  | H. A S C VI)   | w lovers   |
| hearl failure, asthenio, etc. Il meons the diseose, injuly of complication which caused deoth.)  ANTECEDENT CAUSES  OUE TO DISEASES OR CONDITIONS, if any, giving  | H. A S C VI)   | 20 Jeans   |
| hearl failure, asthenio, etc. Il meons the diseose, injuly of complication which caused deoth.)  ANTECEDENT CAUSES  OUE TO DISEASES OR CONDITIONS, if any, giving tise to the obove couse (A) staling the UNDERLYING CONDITION last.   | H. A S C VI)   | 20 Jeans   |
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| hearl failure, asthenia, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  OUE TO DISEASES OR CONDITIONS, if any, giving isse to the above cause (A) staling the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   | H. A S C V I)  20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERI IN CERTIFYING C   | E FINDINGS CONSIDERED AUSES OF DEATH?  |
| hearl failure, aslhenio, etc. Il meons the diseose, injury of complication which caused deoth.)  ANTECEDENT CAUSES  OUE TO DISEASES OR CONDITIONS, if any, giving tise to the obove couse (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   | H. A S C V I)  20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERI IN CERTIFYING C   | 20 Jeans E FINDINGS CONSIDERED   |
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| hearl failure, ashlenio, etc. Il meons the diseose, injuly of complication which caused deoth.)  ANTECEDENT CAUSES  OUE TO DISEASES OR CONDITIONS, if any, giving itse to the obove couse (A) staling the UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIBUTION CAUSE OF CAUSE | 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERI IN CERTIFYING C IN CERTIFYING C INJURY OCCUR? (If in Caltimotet, office bldg., INJURY OCCUR?   | E FINDINGS CONSIDERED AUSES OF DEATH?  |
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| hearl failure, ashlenio, etc. Il meons the diseose, injury or complication which caused deoth.)  ANTECEDENT CAUSES  OUE TO DISEASES OR CONDITIONS, if any, giving lise to the obove couse (A) staling the UNDERLYING CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED CONTRIBUTION While At Not   | 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERI IN CERTIFYING C IN CERTIFYING C (If in altimetet, office bldg., INJURY OCCUR?  | E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exect location)  |
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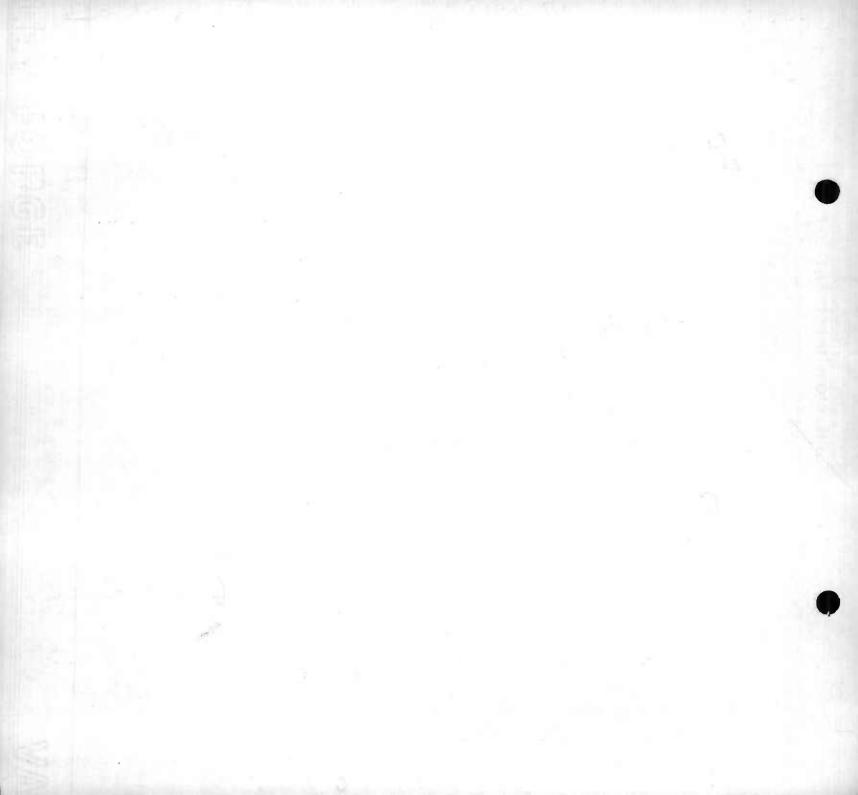
67 8915 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8915

| M.                | E. CASE NO.   |   |  |  |  |  |   |   |
|-------------------|---|---|--|--|--|--|---|---|
| 1.                | NAME OF DECE  | ASED  |  |  |  | 2. DATE AND HOUR   | PRONOUNCED DEA                              | D   |
| Ту                | pe "JAMES   | F.  |  | BELL   |  | September  | 16, 1967                                    | 7:45 A.M.   |
| 3 1               | LACE IN BALTIA  | ORE MARYLAND, W                                   | HERE PRONOU  | NCED DEAD                                    | THE HISTIAL BEST                                   | ENCE (Whom doesned   |   | sidence before admission                          |
| FUI               | LL NAME OF<br>SPITAL OR<br>TITUTION   | (IF NOT IN HOSPITADDRESS OR LOCA                  | AL OR INSTITU  |  | A. STATE Mary C. CITY OR TOV Balt: D. STREET ADDR  | land<br>VN (If autside carparate<br>imore<br>RESS (If rural, give laca | B. COUNTY e limits, write RURAL             | alles Co  |
|                   |   |   |  |  |  | Frederick Ro   | ad  |   |
|                   | la1e  | White   | WIDOWED  | NEVER MARRIED<br>DIVORCED (specify)<br>VOICE | 12/24/21   | last b   |   | der 1 Yr. If Under 24 Hrs.<br>s, Days, Haurs Min. |
| dan               | e during mast of wa   | rking life, even if retired)                      | 10B. KIND OF   | BUSINESS OR INDUSTR                          | Mary   | land   |   | USA   |
|                   |   | William H.  |  |  | Virgin   | ia M. Denis  | nee Cain                                    | +   |
|                   |   | EVER IN U.S. ARMED<br>yes, give war ar date       |  | 16. SO CIAL<br>SECURITY NO.                  | Mrs.<br>580 F                                      | Virginia Der<br>rederick Rd.   | ADDRE                                       | 255   |
| CAL CERTIFICATION | (This daes not heart failure, a injury or camp  AN DISEASES OI RISE TO THE UNDERLYING  OTHER SIGNII TO THE D DISEASE OR ( |   | dying, e.g., the discose, death.)  S. INY, GIVING TATING THE  CONTRIBUTING THE  CONTRIBUTION FOR VECTOR FORMED  218. I home, | (B) DUE TO (C)                               | Tubercu<br>20A. AUTOFSY<br>Yes                     | S  | e<br>ES, WERE FINDINGS<br>FYING CAUSES OF I | CONSIDERED DEATH? Yes                             |
| MEDICAL           | (APPROX.)  22.   certif   | y that I held on I d from: Noturol co RE Werner U | m. W   | Inspection Suicident M.E                     | WHILE ONE MODSY X ONE HOMICI CHIEF MI ASSISTANT MI | that on this basis,  de Undeterm  EDICAL EXAMINER  EDICAL EXAMINER     | deoth in my opin                            | DATE SIGNED 9/16/67                               |
| RE/               | Burial CREM Burial A. DATE REC'D B  | ATION, 238. DATE 9/20/ Y HEALTH DEPT.             | 167<br>248, NAME   | OF REGISTRAR                                 | National   | AL DIRECTOR  | imore, Md.                                  | ADDRESS   |
| Vs                | 151-REV. 1/1/65   | EP 1 8 1967                                       | Robert   | E. Falleyna                                  | WITZK  | e F. D 41  | OI Edmonds                                  | on Av.  |

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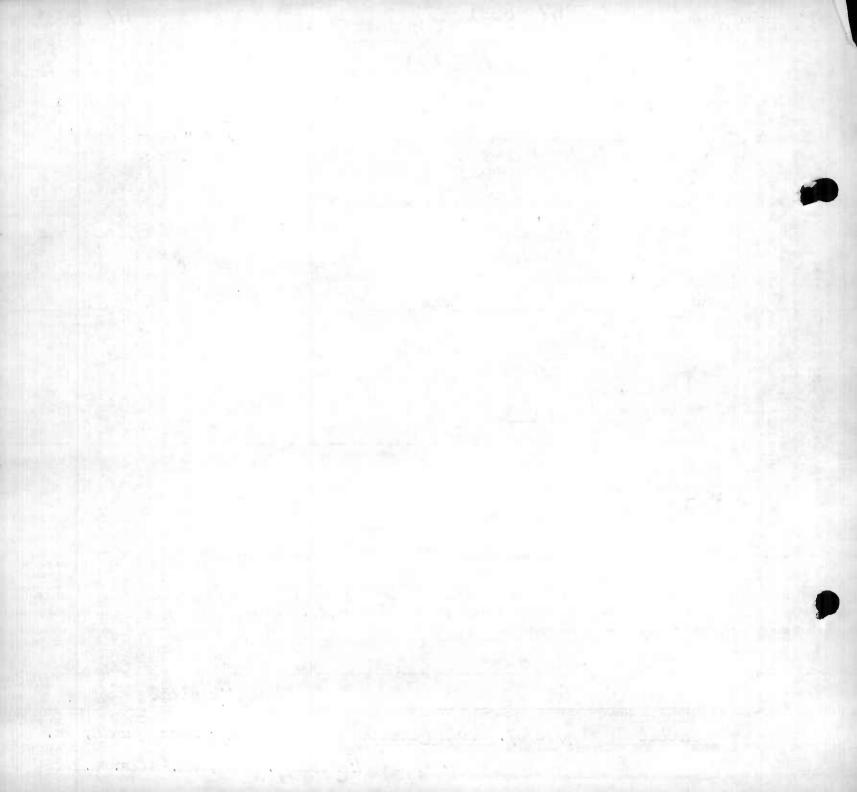
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| N.E. CASE NO.  | EASED  |   |  |  | ND HOUR OF DEATH  | 1   |   |
| Typo or Print)   | Kathe  | nino  | G. Fre   |  |   |   | 11.115 0  |
| PLACE OF DEA   | TH IN BALTIMORE, MA  |   | y. The   | 4. USUAL RESIDENCE (Who  | ere deceased lived. If  | institution; reside   | ence before odmiss  |
|  |  |   |  | A. STATE B. COU  | NTY   | 1   |   |
| FULL NAME O  | F (If not in hospital<br>oddress or locatio  |   | give stroot  | C. CITY OR TOWN (If or   | Wicon   |   | 1   |
| INSTITUTION  |  |   |  | C 1 . 1  | utsido city limits, write   | RUKAL ond giv   | o township)   |
| OHOUSE   | in the Pi  | nos Nos   | nino Homa  | D. STREET ADDRESS (4)  | rural give location)  | 10  | 12  |
| 5837   | in the Pi<br>Belair Roa  | des iva   | using nome   | 1.4 4  | 4   |   |   |
| SEX  | 6. RACE  |   | NEVER MARRIED  | 8. DATE OF BIRTH   | 9. AGE (In years  |   |   |
| 1 1  |  | WIDOWE  | D. DIVORCED (specify)  |  | lost birthdoy)  | Months Doy  | r. If Under 24  |
| gemale   | white  | wido  |  | 5-6-1887   | 80  |   |   |
|  | JPATION (Give kind of wor<br>working life, even if retired)  | k 108. KIND OF  | BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (State or fore  | eign country)   | 12. CITIZEN<br>WHAT   | OF<br>COUNTRY?  |
| Housew   | • /  |   |  | Maryland   |   | 115   | 4   |
| FATHERS NAM  |  |   |  | 14. MOTHER'S MAIDEN NA   | ME  | 013   |   |
| 0 1  | M 11 1   |   |  | C 1 C 1  | )   |   |   |
| josnua   | M. Hudson  |   | 13 / -2  | Sarah E. L   | ragger  |   |   |
| os, no or unknown  | Ever in U. S. Armed Fo   | rces?<br>es of service)   | 1 6. SOCIAL<br>SECURITY NO.  | 17. INFORMANT  | 0 4   | AD  | DRESS   |
| 20   |  |   |  | Mrs Andrew 1   | Raab  | same  |   |
| 1B. 44 0   | 0-11   |   | CAUSE  | DF DEATH   |   |   | RVAL BETWEEN  |
| DISEAS   | E OR CONDITION DI  | RECTLY  |  |  |   |   | ET AND DEATH  |
|  | LEADING TO DEATH   |   | A  | to a solon to  | Quillevor   | lar   | 1963  |
| (This does n   |  |   | (1)  | yere ell a me  |   |   |   |
|  | al mean the made of  | dying, e.g.,  | DUE TO   | leri et a me   |   | ******  |   |
| heart failure,   | al mean the made of<br>asthenia, etc. It means<br>plicolian which caused   | dying, e.g.,<br>the disease,  | DUE TO   | isease   | 0 / 1   |   |   |
| hearl failure,<br>injury or cam  | asthenia, etc. It means<br>plicotian which caused  | dying, e.g.,<br>the disease,<br>death.)   | DUE TO   | iscare   | el forture  | . 2   | days  |
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|   | 67 8922   | BALTIMORE CITY  | HEALTH DEPARTMENT   |  | 67 0000   |
|---|---|---|---|--|---|
| BIRTH NO.   | 07 0322   | CERTIFICA   | TE OF DEATH   | Registered Na.   | 67 8922   |
| 1. NAME OF DECEASED   | ( MARY CLAI   | RE ) Maryc  | DATE A  | PT 17 1967   | 110 PM 6.60   |
| HOSPITAL OR INSTITUTION ST                                    | not in hospital or institution, give iddress or location)  AGNES HOSPITA  ATON & WILKENS  ALTO 2#229 MD | \L  | C. CITY OR TOWN (IF OPASADE NA  D. STREET ADDRESS (IF OPEN OPEN OPEN OPEN OPEN OPEN OPEN OPEN | note deceased lived. Il in NTY  outside city limits, write  If rural, give location) | RURAL and give township)                                  |
| 5. SEX 6. RACE  | 7. MARRIED, NE  | VER MARRIED   | B. DATE OF BIRTH 9/20/27  | 9. AGE (In years<br>lost birthday)   | If Under 1 Yr. If Under 24 Hrs.<br>Months Doys Hours Min. |
| done during most of working life                              | (Give kind of work 10B, KIND OF BU<br>e, even if retired)   | RTMENT ST   | RE MARYLA   | ND   | 12. CITIZEN OF WHAT COUNTRY?                              |
| MILTON Ross   | Gosweiler   |   | MARY - 0.00   | NEX- Griev   | es  |
| 15. Was Deceased Ever in U<br>(Yes, no ar unknown) (If yas, s | J. S. Armed Forces?  give wer or dates of service)  | SECURITY NO. 19                                       | 17. INFORMANT<br>59 ST AGNES  | ADMIS. FOR   | ADDRESS<br>RM   |
| LEADING   | I<br>ONDITION DIRECTLY<br>G TO DEATH  | CAUSE OF  |   | non ffs.   | INTERVAL BETWEEN ONSET AND DEATH                          |
| heort foilure, osthenio,<br>injury or complication            | the mode of dying, e.g.,<br>, etc. It meons the diseose,<br>which coused deoth.)<br>DENT CAUSES         | DUE TO  | tepasse).   | Com  | E .   |
| DISEASES OR CON   | DITIONS, if ony, giving couse (A) stoling the   | DUE TO  |   |  |   |
| TO THE DEATH B  | CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE ON CAUSING IT.   |   |   |  |   |
| 19 A. DATE OF OPERATION                                       | ON 198. CONDITION FOR WHI   | CH OPERATION  | 20 A. AUTOPSY? (Yes or f  | 10 20B. IF YES, WERE   | FINDINGS CONSIDERED                                       |
| 21A. ACCIDENT WAS OR CONTRIBUTING                             | CAUSE OF home,  | ACE OF INJURY (e.g., in<br>lorm, foctory, street, off | or about 21 C. WHERE DID ice bldg., INJURY OCCUR?   | (If in Boltimor  | o City, give exact location)                              |
| -   | (Doy) (Year) (Hour) 21 E. IN<br>While wark  | JURY OCCURRED  At Work                                | 21 F. HOW DID IN  | JURY OCCUR?  |   |
| that 🏈 (we) lost sow  |   | PT 17   | 1967and   |  | T 17 19 67 ,  |
| and hour ond from the   | ne couses stoted obove.XX(V)  | /   | ew the body after death   | Stoff<br>Phys.   | 23B. DATE SIGNED SEPT. 17,1967                            |
| S. GEORGE   | ANGOV   |   | St. Agnes Ho  | spital. Bo   | eltimore. Md.   |
| 24A. BURIAL CREMATION, REMOVAL (Specify) burial               | 9/20/67 Park  | e of CEMETERY of CREI                                 |   | Baltimore,   | ity, town, or county) (Stote)  Md.                        |
| 25A. DATE REC'D BY HEAL VS 150-REV. 1/1/85                    | 8 1967 (258, NAME OF 8  | Fa O Ma   | Legnard J.  | Ruck, Inc  | Md.  Address Baltimore, Md.                               |

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-YEMMAS-YSON

16 1623

## 67 8923 BALTIMORE CITY HEALTH DEPARTMENT AMEDICAL EXAMINED'S CEDITIFICATE OF DEATH Registered No. 67 8923

| BIRTH NO.                                | MED   | ICAL E        | AMIINER 3 C                      | EKTIFICA           | TE OF L                 | JEAIN Regist                            | ared No                                 | 0000  |
|--|---|---------------|----------------------------------|--------------------|-------------------------|---|---|---|
| M.E. CASE NO.                            |   |               |                                  |                    |                         |   |   |   |
| NAME OF DE                               |   |               |                                  |                    |                         | D HOUR PRONOUNG                         |   | 10.05.4                                       |
| JACK                                     |   |               | GAY                              |                    | Septe                   | mber 14, 19                             | 6/                                      | 10:05 A.                                      |
| PLACE IN BAL                             | TIMBRE, MARYLAND, W                               | HERE PRONO    | UNCED DEAD                       | A. STATE Mar       | vland                   | deceosed lived. If ins<br>B. CO         | titution: resi                          | dence before admissio                         |
| ULL NAME OF<br>SOSPITAL OR<br>NSTITUTION | ADDRESS OR LOCA                                   | AL OR INSTIT  | UTION, GIVE STREET               | C. CITY OR TO      | OWN (It outside         | corporote limits, writ                  | e RURAL o                               | nd give township)                             |
| 772 11-                                  | whiteness Disease                                 | (DOA)         |                                  |                    | timore DRESS (If rurol, |   |   |   |
| / //2 wa                                 | shington Blvd                                     | (DUA)         |                                  |                    |                         |   |   |   |
| CPV                                      | 1, 2, 6,  | T=            |                                  |                    |                         | ton Blvd.                               |   |   |
| SEX                                      | 6. RACE   |               | NEVER MARRIED DIVORCED (specify) | B. DATE OF BIR     | ин                      | 9. AGE (In years<br>lost birthday)      | Months                                  | t ) Yr. If Under 24 Hi<br>Doys   Hours   Min. |
| Male                                     | White   | Divo.         | rced                             | 12-13-             | 1919                    | 47 28                                   |   |   |
|  |   | OR KIND O     | F BUSINESS OR INDUSTR            | 11. BIRTHPLACE     |                         | n country)                              | 12. CITIZ                               |   |
| erchant                                  | working life, even if retired)                    | 100           |                                  | Virgi              | nia                     |   | //\\                                    | COUNTRY?                                      |
| FATHER'S NAM                             | <u>Jeaman</u>                                     |               |                                  | 14. MOTHER'S       | MAIDEN NAMI             |   | US                                      | 1   |
| Henry                                    | 7 Can   |               |                                  | 0.1                | 11 0                    | 1, 1                                    |   |   |
|  | ED EVER IN U.S. ARMED                             | FORCES?       | 16. SO CIAL                      | 17. INFORMANT      | elle Do                 | LIWOOD                                  | ADDRESS                                 |   |
| s, no or unknown                         | (II yes, give war or date                         | s of service) | SECURITY NO.                     |                    |                         |   | ADDRES.                                 | 4.4   |
| no                                       |   |               |                                  | Mrs                | James A                 | lanningsto                              | n-44(                                   | 02 Alan D                                     |
| 1B.                                      | 211   |               | CAUSE                            | OF DEATH           |                         | g                                       |   | INTERVAL BETWEEN                              |
| DICEA                                    | CE OR CONDITION OF                                | DECTIV        |                                  |                    |                         |   |   | ONSET AND DEAT                                |
| DISEA                                    | SE OR CONDITION DI<br>LEADING TO DEATH            |               | Takken                           | Matamana           | basis of                | Tirron                                  |   |   |
| (This does                               | not mean the made of a sthenia, etc. It means     |               | DUE TO                           | Metamorp           | HOSTS OF                | rivei                                   | ••••••••••••••••••••••••••••••••••••••• |   |
| heart failure                            | , osthenio, etc. It meons mplication which caused | the discose.  | 502.10                           |                    |                         |   |   |   |
| ,  |   |               |                                  |                    |                         |   |   |   |
| 1  | ANTECEDENT CAUSE                                  | S             | 485                              |                    |                         |   |   |   |
|  | OR CONDITIONS, IF A                               |               | DUE TO                           |                    |                         | •••••                                   |   | • •   |
|  | NG CONDITION LAST.                                | IATING THE    |                                  |                    |                         |   |   |   |
|  |   |               | (C)                              |                    |                         | **===================================== |   | ×=====================================        |
| OTHER SIG                                | II  |               |                                  |                    |                         |   |   |   |
| OTHER SIG                                | NIFICANT CONDITIONS<br>DEATH BUT NOT RE           |               |                                  |                    |                         |   |   |   |
| DISEASE O                                | R CONDITION CAUSING                               | IT.           |                                  |                    |                         |   |   |   |
| TO THE DISEASE OF                        |   |               | WHICH OPERATION                  | 20A. AUTOPS        | Y? (Yes or No)          | 208. IF YES, WERE FI                    |   |   |
| .01                                      | WAS PER   | FORMED        |                                  | Y                  | es                      | IN CERTIFYING CAU                       | SES OF DE                               | Yes   |
|  | L CAUSE WAS                                       | 21 B.         | PLACE OF INJURY (e.g.,           | in or obout 21 C.  | WHERE DID               | If in Boltimore City, g                 | ive exact le                            |   |
| UNDERLYING                               | OR CONTRIB-                                       | home<br>etc.) | , form, loctory, street,         | office bldg., INJU | RY OCCUR?               |   |   |   |
|  | J. O. BLATTI                                      |               |                                  |                    |                         |   |   |   |
| OF INJURY                                | (Month) (Doy) (Year                               | ) (Hour) 2    | TE. INJURY OCCURRED              | 21F. F             | NEW DID INTO            | RY OCCUR?                               |   |   |
| (APPROX.)                                |   |               | WHILE AT NOT                     | WHILE              |                         |   |   |   |
| 22.                                      |   | m. \          | WORK AT W                        | ORK                |                         |   |   |   |
|  | tify that I held an I                             | nquiry 🗌      | Inspection Au                    | tapsy X a          | nd that on thi          | s basis, death In 1                     | my opinia                               | n   |
| resu                                     | Ited fram: Natural ca                             | uses X        | Accident Suicid                  |                    |                         | Indetermined mann                       |   |   |
|  | 1   |               |                                  |                    | MEDICAL EX              |   |   |   |
| ACTUA                                    | L /100  | 0 1           |                                  |                    |                         |   |   | DATE SIGNED                                   |
| SIGNAT                                   |   | 915           | 7N/ MID                          | ASSISTANT I        | MEDICAL EX              | AMINER X                                |   |   |
| EXAMIN                                   | ER'S Werner                                       | U. Sp         | cz M.D.                          | ASSOCIATE          | MEDICAL EX              | CAMINER                                 |   | 9/14/67                                       |
| NAME (                                   | 1 y pe /  | о. ор.        | 100                              |                    |                         |   |   |   |
| A. BURIAL CRE                            |   | 23            | C. NAME of CEMETERY              | CREMATORY          | 23 D. Lo                | CATION (City                            | , town, or                              | county) (Stoto)                               |
| EMOVAL (Specif                           | 9-18-6  | 7             | Rimania                          |                    | (1                      | . 1                                     | . 11                                    | 1/  |
|  | BY HEALTH DEPT.                                   |               | OF REGISTRAR                     | emeteri            | L h                     | ariottesv                               | ule,                                    | Virginia                                      |
| ON DATE RECID                            | DI REALIN DEFI.                                   |               |                                  | 24C. FUNE          | KAL DIRECTOR            |   | A                                       | IDDK522 O                                     |
|  | SEP 1 8 1967                                      | DO 6          | E. Farber M.                     | Loon               | and a                   | Ruck and                                | · Ral.                                  | timore, Ma                                    |
| S 151-REV. 1/1/                          |   | Uplan         | (1) (100000)                     | 0 0                | C.                      | 7/10                                    |   | contract, me                                  |
| ) IJI-KEV. 1/1/                          | UJ  | 1 13          | 4.                               | 1 1 3 1            | * 1 6 3 4               |   |   |   |

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BIRTH NO.

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8924

| BIRTH NO.                                  | MEDI   | CALE          | AMINER 3 CI                               | KIIFICA                                  | IE OF D                                  | CAIN Regist                     | ered No.              | COCH           |
|--|--|---------------|---|--|--|---------------------------------|-----------------------|----------------|
| M.E. CASE NO.                              |  |               |   |  |  |                                 |                       |                |
| 1. NAME OF DEC                             |  |               |   |  |  | HOUR PRONOUNG                   |                       |                |
| THOMAS                                     |  |               | FORTE                                     |  | Septer                                   | mber 16, 19                     | 967                   | 5:15 A.M       |
|  | IMORE, MARYLAND, W   |               |   | 4. USUAL RESID                           | vland                                    | ecceosed lived. If ins          | titution: residence t | efore odmissio |
| FULL NAME OF<br>HOSPITAL OR<br>INSTITUTION | ADDRESS OR LOCA  | TION)         | UTION, GIVE STREET                        | C. CITY OR TO                            | WN (If outside                           | corporate limits, writ          | te RURAL ond give     | township)      |
| Univers                                    | ity Hospital   |               |   | D. STREET ADD                            |  |                                 |                       | )-0/           |
|  |  |               |   |  | 5 Lyndal                                 |                                 |                       |                |
| Male                                       | White  | WIDO WED,     | NEVER MARRIED DIVORCED (specify)  Married | March 5                                  | 7 L. | 9. AGE (In years lost birthdoy) | Months Doys           |                |
| IOA. USUAL OCCU                            | PATION (Give kind of work  | 108. KIND O   | F BUSINESS OR INDUSTRY                    |  |  | country)                        | 12. CITIZEN OF        |                |
| Student                                    |  |               |   | Marylan                                  |  |                                 | U.S.                  |                |
| 3. FATHER'S NAM                            |  |               |   | 14. MOTHER'S N                           |  |                                 |                       |                |
|  | Joseph A.  |               |   |  | rude Kli                                 | ngenhofer                       |                       |                |
|  | O EVER IN U.S. ARMED   |               | 16. SO CIAL<br>SECURITY NO.               | 17. INFORMANT                            |  |                                 | ADDRESS               |                |
| no   |  |               |   | Joseph                                   | A. Forte                                 | same                            |                       |                |
| RISE TO THE UNDERLYIN                      | OR CONDITIONS, IF A E ABOVE CAUSE (A) ST AG CONDITION LAST.  II  NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING | CONTRIBUTI    | (C)                                       |  |  |                                 |                       |                |
| 19A. DATE OF                               | OPERATION 198, CON   | DITION FOR    | WHICH OPERATION                           | 20A. AUTOPS                              |  | OB. IF YES, WERE F              |                       | ERED           |
| 21 A. EXTERNAL<br>UNDERLYING               | CAUSE WAS  | 21 B.<br>home | PLACE OF INJURY (e.g., i                  | n or about 21 C. 1<br>ffice bldg., INJUR | WHERE DID (IF                            | in Boltimore City, g            | give exact location)  |                |
| T .  |  |               | Water                                     |  |  | , Maryland                      | 1 / 5                 | -00            |
| OF INJURY                                  | (Month) (Doy) (Yeor  | 777           | WHILE AT NOT WORK AT W                    | WHILE X                                  | Sustaine                                 | ed injury v                     | while surf            | ing            |
| 22,  |  |               |   |  |  |                                 | The second second     |                |
|  | ify that I held an I   |               |   |  |  | basis, death in                 |                       |                |
| resul                                      | ted fram: Natural car  | uses          | Accident X Suicide                        |  |  | determined mann                 | ner                   |                |
| ACTUAL                                     |  | h.>           |   | ASSISTANT M                              | EDICAL EXA                               |                                 | DA                    | TE SIGNED      |
| EXAMIN<br>NAME (                           | ER'S Werner  | U. Spi        | z, M.D.                                   | ASSOCIATE A                              |  |                                 | 9/1                   | .6/67          |
| 23A, BURIAL CREATE REMOVAL (Specify Buria) |  | 500           | Holy Redeem                               |  | 23 D. LO                                 | Balto. Md                       | y, town, or county)   | (Stote)        |
| 24A. DATE REC'D                            | BY HEALTH DEPT.  | 24B. NAME     | OF REGISTRAR                              |  | RAL DIRECTOR                             |                                 | ADDRES                | S              |
|  | SEP 1 8 1967   | Robert        | + E. Falley M. A.                         | Leona                                    | rd J. Ru                                 | ek Inc. Ba                      | alto. Md.             |                |
| VS 151-REV. 1/1/                           | 65 1   | 1             |   | 9 9                                      | 61 6                                     |                                 |                       |                |

Joseph A. Farte

March 5, 1951

ligational in

relocksont little who feel

street A. force

Burthal 9/19/67 Holy Redement Con.

Salto, Mi.

Inoqued A. Sude line. Patto. Id.

VS 150-REV. 1/1/65

| ype or Print   | DECEASED   | 1 0  | A1 1   |  | D HOUR OF DEATH                                    |  |
|--|--|--|--|--|--|--|
|  | Mulared  |  | Mareck   |  | 16, 1967   |  |
| PLACE OF   | F DEATH IN BALTIMORE, MA   | RYLAND   |  | A. STATE B. COUNT  | e deceased lived. II                               | institution: residence before admissi  |
| FULL NA  |  | or institution,  | give street  | Md.  |  | 270  |
| HOSPITAL   | OR oddress or location   | n)   | *  |  | side city limits, write                            | RURAL and give town hip)   |
|  | 4809 Loch 1  | 2  | QI.J   |  |  | more 21212   |
| 00   | 4009 LOCA I  | raven 1  | seva.  |  | urol, give location)                               | 011  |
| 0  | 1  |  |  | 4809   |  | ven Blvd.  |
| sex<br>emale   | 6. RACE<br>White   | Wide   |  | Sept. 7, 1886.   | ost birthdoy) 81                                   | If Under 1 Yr. II Under 24 F<br>Months Doys Hours Min.   |
|  | OCCUPATION (Give kind of work<br>ost of working life, even if retired)   | 108, KIND O  | F BUSINESS OR INDUSTR  | Y 11. BIRTHPLACE (State or foreign   | gn country)  | 12. CITIZEN OF<br>WHAT COUNTRY?  |
| Home   | emaker   |  |  | Maryland   |  | USA  |
| FATHER'S   | NAME   |  |  | 14. MOTHER'S MAIDEN NAM  | A E  |  |
|  | Amoreva  | rive Am  | os Reeder  |  | Emma B   | nistom   |
| . Wos Dec  | eased Ever in U. S. Armed For  | ces?   | 1 6. SOCIAL  | 17. INFORMANT  | Chance D   | ADDRESS  |
| A 1  | known) (If yes, give wor or date   | s of service)  | SECURITY NO.   | M. 7 . A   | 4  | 15   |
| /VO  |  | 1 1 1  | 213102796  | Mrs. Fannie M  | iason  | (Same)   |
| 18.  | 20,141/51  | X  | CAUSE  | OF DEATH   |  | ONSET AND DEATH  |
| D  | ISEASE OR CONDITION DIR  | RECTLY   |  | 4. 0   |  |  |
|  | oes nat mean the made of   |  | (A) ACU  | te Coronary Occl   | usion  | seconds  |
|  | ilure, asthenio, etc. It means<br>r camplication which coused  |  |  |  |  |  |
| 1111017 0  | ANTECEDENT CAUSES  |  | (B) Art  | eriosclerotic ca:  | rdiovascula  | r years  |
|  | ANTECEDENT CAUSES  |  |  |  |  |  |
| DICENCE  | ES OR CONDITIONS IF  | anu sinis-   | DUE TO   |  | sease  |  |
| rise la  | ES OR CONDITIONS, if the above couse (A)   |  |  |  |  |  |
| rise la  |  |  |  |  |  |  |
| UN DERI  | I he above couse (A)<br>LYING CONDITION lost.  | slating the  | (C)  |  |  | 4  |
| UN DERI  | I he above couse (A) LYING CONDITION lost.  I   SIGNIFICANT CONDITIONS C RE DEATH BUT NOT RELA   | slating the  | (c)  | di:  |  | 20   |
| UN DERI  | I the above couse (A) LYING CONDITION lost.  II  SIGNIFICANT CONDITIONS CE LEE DEATH BUT NOT RELA E OR CONDITION CAUSING I   | Slating the  | G Carcinoma  | di:  | sease  | 18 mos.  |
| UN DERI  | I he above couse (A) LYING CONDITION lost.  I   SIGNIFICANT CONDITIONS C RE DEATH BUT NOT RELA   | Slating the  | G Carcinoma  | of the stomach   | Sease  | 20   |
| OTHER TO THE DISEASE   | I Ihe above couse (A) LYING CONDITION Iost.  II SIGNIFICANT CONDITIONS COME DEATH BUT NOT RELATE OR CONDITION CAUSING ITE OF OPERATION (198. CON WAS PERI  | Stating the  | G Carcinoma WHICH OPERATION  | of the stomach    20 A. AUTOPSY? (Yes or No)   | 208. IF YES, WERE                                  | 18 mos.  FINDINGS CONSIDERED AUSES OF DEATH?   |
| OTHER TO THE DISEASE PAR CON CON DEATH   | Ihe above couse (A) LYING CONDITION lost.  II SIGNIFICANT CONDITIONS COUSE DEATH BUT NOT RELA E OR CONDITION CAUSING I TE OF OPERATION 198. CON WAS PERI CIDENT WAS UNDERLYING LTRIBUTING CAUSE OF (notily medical examine)  | CONTRIBUTINATED TO THE.  IDITION FOR Honeld  | G G TE Carcinoma WHICH OPERATION  S. PLACE OF INJURY (e.g., ne, form, foctory, street, | of the stomach  20A. AUTOPSY? (Yes or No)  No  in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  | 20B. IF YES, WERE<br>IN CERTIFYING C.              | 18 mos.  |
| OTHER TO THE DISEASE PAR CON CON CON DEATH   | THE OF OPERATION OBJECT OF CONTROL OF CONTRO | CONTRIBUTION ATED TO THAT. IDITION FOR PROMED  218 hom etc. (Hour) 218   | G Carcinoma WHICH OPERATION  S. PLACE OF INJURY (e.g., ne, foctory, street, o)  INJURY OCCURRED  | of the stomach  20A. AUTOPSY? (Yes or No)  NO  in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  | 20B. IF YES, WERE<br>IN CERTIFYING C.              | 18 mos.  FINDINGS CONSIDERED AUSES OF DEATH?   |
| OTHER TO THE DISEASE 19A. DAY  | The above couse (A) LYING CONDITION lost.  II  SIGNIFICANT CONDITIONS COUSE DEATH BUT NOT RELA E OR CONDITION CAUSING I TE OF OPERATION 198. CON WAS PERI  CIDENT WAS UNDERLYING LTRIBUTING CAUSE OF (nobily medicol exomine)  LE (Month) (Doy) (Yeor) RY  | CONTRIBUTION ATED TO THAT. IDITION FOR PROMED  218 hom etc. (Hour) 218   | G G Carcinoma WHICH OPERATION  D. PLACE OF INJURY (e.g., ne, lorm, foctory, street,)  INJURY OCCURRED Not Wh   | of the stomach    20A. AUTOPSY? (Yes or No)   No     in or obout   21C. WHERE DID     office bidg., INJURY OCCUR?     21F. HOW DID INJU  | 20B. IF YES, WERE<br>IN CERTIFYING C.              | 18 mos.  FINDINGS CONSIDERED AUSES OF DEATH?   |
| OTHER TO THE DISEASE OF CONDEATH   | The above couse (A) LYING CONDITION lost.  II  SIGNIFICANT CONDITIONS COUSE DEATH BUT NOT RELA E OR CONDITION CAUSING I TE OF OPERATION 198. CON WAS PERI  CIDENT WAS UNDERLYING LTRIBUTING CAUSE OF (nobily medicol exomine)  LE (Month) (Doy) (Yeor) RY  | CONTRIBUTINATED TO THE.  IDITION FOR Honels.  (Hour) 21E   | G Carcinoma WHICH OPERATION  S. PLACE OF INJURY (e.g., ne, foctory, street,)  INJURY OCCURRED Title At Not What Work   | of the stomach    20A. AUTOPSY? (Yes or No)   No     in or obout   21C. WHERE DID     office bidg.,   INJURY OCCUR?     21F. HOW DID INJU  | 208. IF YES, WERE IN CERTIFYING C./ (If in Boltimo | 18 mos.  FINDINGS CONSIDERED AUSES OF DEATH?  re City, give exact locotion)  |
| OTHER TO THE DISEASE PROPERTY OF CONDEATH OF INJU (APPROX 22. I ce   | I he above couse (A) LYING CONDITION lost.  I SIGNIFICANT CONDITIONS COUSE DEATH BUT NOT RELA E OR CONDITION CAUSING I TE OF OPERATION 1798. CON WAS PERI CIDENT WAS UNDERLYING LITRIBUTING CAUSE OF (nobily medicol exominer)  LE (Month) (Doy) (Yeor) RY L)  | CONTRIBUTINATED TO THE.  IDITION FOR Honels.  (Hour) 21E With Water Management of the control of | G Carcinoma WHICH OPERATION  S. PLACE OF INJURY (e.g., ne, foctory, street, .).  INJURY OCCURRED Not Whatk At Work At Work At Work the deceased fram   | of the stomach  20A. AUTOPSY? (Yes or No)  No in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJU  | 208, IF YES, WERE IN CERTIFYING C.  (If in Boltimo | I8 mos.  FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact locotion)   |
| OTHER TO THE DISEASE PROPERTY OF TO THE DISEASE PROPERTY OF THE DISEASE PROPER | Ihe above couse (A) LYING CONDITION lost.  II  SIGNIFICANT CONDITIONS COUSE DEATH BUT NOT RELA E OR CONDITION CAUSING I  TE OF OPERATION 198. CON WAS PERI  CIDENT WAS UNDERLYING LITRIBUTING CAUSE OF (notily medical examiner)  LE (Month) (Doy) (Year) RY  LY (WALK lost saw the decease  | CONTRIBUTINATED TO THE.  IDITION FOR FORMED  218 hon etc.  (Hour) 21E Why was attended the dalfve an   | G Carcinoma WHICH OPERATION  L PLACE OF INJURY (e.g., ne, lorm, foctory, street, lord) L INJURY OCCURRED Thile At Work The deceased fram September 5   | of the stomach    20A. AUTOPSY? (Yes or No)     No     in or obout   21 C. WHERE DID     office bldg., INJURY OCCUR?     21F. HOW DID INJURY     August 5, 1   | 208, IF YES, WERE IN CERTIFYING C.  (If in Boltimo | I8 mos.  FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact locotion)   |
| OTHER TO THE DISEASE PROPERTY OF TO THE DISEASE PROPERTY OF THE DISEASE PROPER | Ihe above couse (A) LYING CONDITION lost.  II  SIGNIFICANT CONDITIONS COUSE DEATH BUT NOT RELA E OR CONDITION CAUSING I TE OF OPERATION 198. CON WAS PERI  CIDENT WAS UNDERLYING LITRIBUTING CAUSE OF (notily medical examiner)  RY  LE (Month) (Doy) (Year) RY  LE (Month) (Doy) (Year)  RY  CITIENT WAS UNDERLYING (WALK I STATE OF CAUSE OF COURT)  RY  COUNTY TO THE COURT OF CAUSE OF OF CA | CONTRIBUTINATED TO THE.  IDITION FOR FORMED  218 hon etc.  (Hour) 21E Why was attended the dalfve an   | G Carcinoma WHICH OPERATION  L PLACE OF INJURY (e.g., ne, lorm, foctory, street, lord) L INJURY OCCURRED Thile At Work The deceased fram September 5   | of the stomach  20A. AUTOPSY? (Yes or No)  No in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJU  | 208, IF YES, WERE IN CERTIFYING C.  (If in Boltimo | 18 mos.  FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact locotion)  Attember 16, 19 67.  Attember 16 at the distribution of the distribu |
| OTHER TO THE DISEASE PROPERTY OF INJU (APPROX 22. I ce that (I) and hau  | Ihe above couse (A) LYING CONDITION lost.  II  SIGNIFICANT CONDITIONS COUSE DEATH BUT NOT RELA E OR CONDITION CAUSING I TE OF OPERATION 198. CON WAS PERI  CIDENT WAS UNDERLYING LITRIBUTING CAUSE OF (notily medical examiner)  RY  LE (Month) (Doy) (Year) RY  LE (Month) (Doy) (Year)  RY  CITIENT WAS UNDERLYING (WALK I STATE OF CAUSE OF COURT)  RY  COUNTY TO THE COURT OF CAUSE OF OF CA | CONTRIBUTINATED TO THE.  IDITION FOR FORMED  218 hon etc.  (Hour) 21E Why was attended the dalfve an   | G GECATCINOMA WHICH OPERATION  DEPLACE OF INJURY (e.g., ne, lorm, foctory, street, ne)  INJURY OCCURRED Table At Not What work At Work The deceased from September 5, 11 (We) (did) (XXXXX)  | of the stomach    20A. AUTOPSY? (Yes or No)     No     In or about 21C. WHERE DID office bidg., INJURY OCCUR?     21F. HOW DID INJURY OCCUR?     August 5, 1     19 67 and the view the bady after death.  | 208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo | I8 mos.  FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  Intember 16, 19 67  Initian death accurred an the december 16, 19 67   |
| OTHER TO THE DISEAS!  21A. AC OR CON DEATH  OF INJU (APPROX  22. I ce that (I) and hau  23A. SIGI  | I he above couse (A) LYING CONDITION lost.  II SIGNIFICANT CONDITIONS CO IE DEATH BUT NOT RELA E OR CONDITION CAUSING I TE OF OPERATION 1798. CON WAS PERI CIDENT WAS UNDERLYING LITRIBUTING CAUSE OF (notify medical examiner)  LE (Month) (Doy) (Year) LY  | CONTRIBUTINATED TO THE.  IDITION FOR FORMED  218 hon etc.  (Hour) 21E Why was attended the dalfve an   | G GECATCINOMA WHICH OPERATION  DEPLACE OF INJURY (e.g., ne, lorm, foctory, street, ne)  INJURY OCCURRED Table At Not What work At Work The deceased from September 5, 11 (We) (did) (XXXXX)  | of the stomach    20A. AUTOPSY? (Yes or No)     No     in or obout   21C. WHERE DID office bidg., INJURY OCCUR?     21F. HOW DID INJURY OCCUR?     19 67 and the view the bady after death.  | 208. IF YES, WERE IN CERTIFYING CA                 | 18 mos.  FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact locotion)  Attember 16, 19 67  Attember 16 at the death accurred on the death accurred  |
| OTHER TO THE TO THE DISEAS!  21A. AC OR CON DEATH  21D. TIM OF INJU (APPROX 22. I ce that (I) and hau 23A. SIGI  | I the above couse (A) LYING CONDITION lost.  II SIGNIFICANT CONDITIONS COME THE DEATH BUT NOT RELA THE OF CONDITION CAUSING IT THE OF OPERATION 198. CON WAS PERI CIDENT WAS UNDERLYING LITRIBUTING CAUSE OF (Month) (Doy) (Yeor) TRY LITRIBUTING CAUSE OF (WAS VIOLENTIAL)  OF THE CONDITION CAUSE OF (WAS VIOLENTIAL)  THE CONDITION CAUSE OF (WAS VIOLENTIAL)  SICIAN'S ME ITYPE)   | CONTRIBUTION ATED TO THAT.  IDITION FOR FORMED  (Hour) 21E  Who attended to add after an interest above. (   | G Carcinoma WHICH OPERATION  D. PLACE OF INJURY (e.g., ne, lorm, foctory, street, lord)  D. INJURY OCCURRED Not What Work At W | of the stomach    20A. AUTOPSY? (Yes or No)     No     In or about 21C. WHERE DID office bidg., INJURY OCCUR?     21F. HOW DID INJURY OCCUR?     August 5, 1     19 67 and the view the bady after death.  | 208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo | IS MOS.  FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  Intember 16, 19 67  Initian death accurred an the country of th |
| OTHER TO THE TO THE DISEASE OF CONTROL OF CO | I the above couse (A) LYING CONDITION lost.  II SIGNIFICANT CONDITIONS COME THE DEATH BUT NOT RELA E OR CONDITION CAUSING I THE OF OPERATION 198. CON WAS PERI CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notily medical examiner)  ALE (Month) (Doy) (Year) ALE (Month) (Doy) (Year)  ALE (Month) (Doy) (Year)  ALE (Month) (Doy) (Year)  ALE (Month) (Doy) (Year)  ALE (Month) (Doy) (Year)  ALE (Month) (Doy) (Year)  ALE (Month) (Doy) (Year)  ALE (Month) (Doy) (Year)  ALE (Month) (Doy) (Year)  ALE (Month) (Doy) (Year)  ALE (Month) (Doy) (Year)  ALE (Month) (Doy) (Year)  ALE (Month) (Doy) (Year)  ALE (Month) (Doy) (Year)  ALE (Month) (Doy) (Year)  ALE (Month) (Doy) (Year)  ALE (Month) (Doy) (Year)  ALE (Month) (Doy) (Year)  ALE (Month) (Doy) (Year)  | CONTRIBUTION ATED TO THAT.  CONTRIBUTION FOR FORMED  21E homelec.  (Hour) 21E  Who we will be addive an interest of the deliver and the delive | G Carcinoma WHICH OPERATION  L. PLACE OF INJURY (e.g., ne, lorm, foctory, street, lord)  L. INJURY OCCURRED Not What whe deceased from September 5.  I) (We) (did) (37353)  M.D. Alpha M.D. Alpha M.D. Alpha M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D  | of the stomach    20A. AUTOPSY? (Yes or No)     No     In or obout   21 C. WHERE DID     office bldg.   INJURY OCCUR?     21F. HOW DID INJURY OCCUR?     August 5, 1     19 67   and the view the bady after death.     tending x   Med.     ys. | 208. IF YES, WERE IN CERTIFYING C./ (If in Boltimo | 18 mos.  FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact location)  Intember 16, 19 67  Initian death accurred an the company of the signed Sept. 18, 1967   |
| OTHER TO THE DISEAS!  19A. DA  21A. AC  OR CON  DEATH  OF INJU  (APPROX  22. I ce that (I) and hau  23A. SIGI  | I the above couse (A) LYING CONDITION lost.  II SIGNIFICANT CONDITIONS COME THE DEATH BUT NOT RELA THE OF CONDITION CAUSING IT THE OF OPERATION 198. CON WAS PERI CIDENT WAS UNDERLYING LITRIBUTING CAUSE OF (Month) (Doy) (Yeor) TRY LITRIBUTING CAUSE OF (WAS VIOLENTIAL)  OF THE CONDITION CAUSE OF (WAS VIOLENTIAL)  THE CONDITION CAUSE OF (WAS VIOLENTIAL)  SICIAN'S ME ITYPE)   | CONTRIBUTION ATED TO THAT.  CONTRIBUTION FOR FORMED  21E homelec.  (Hour) 21E  Who we will be addive an interest of the deliver and the delive | G Carcinoma WHICH OPERATION  D. PLACE OF INJURY (e.g., ne, lorm, foctory, street, lord)  D. INJURY OCCURRED Not What Work At W | of the stomach    20A. AUTOPSY? (Yes or No)     No     In or obout   21C. WHERE DID office bidg.,   INJURY OCCUR?     21F. HOW DID INJURY OCCUR?     August 5,   | 208. IF YES, WERE IN CERTIFYING CA                 | 18 mos.  FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact locotion)  Intember 16, 19 67  Intimian death accurred an the discourse of the country of |
| OTHER TO THE DISEAS!  19A. DA  21A. AC  OR CON  DEATH  OF INJU  (APPROX  22. I ce that (I) and hau  23A. SIGI  | I he above couse (A) LYING CONDITION lost.  II SIGNIFICANT CONDITIONS COME THE DEATH BUT NOT RELA THE OF CONDITION CAUSING I THE OF OPERATION 198. CON WAS PERI CIDENT WAS UNDERLYING LITRIBUTING CAUSE OF (Month) (Doy) (Year) THE (MONTH) (DOY) (Year)   | CONTRIBUTION ATED TO THAT.  CONTRIBUTION FOR FORMED  21E homelec.  (Hour) 21E  Who we will be addive an interest of the deliver and the delive | G Carcinoma WHICH OPERATION  S. PLACE OF INJURY (e.g., ne, lorm, foctory, street, or compared to the deceased fram September 5.  I) (We) (did) (XXXX)  M.D. A.D. A.D. A.D. A.D. A.D. A.D. A.D.   | of the stomach    20A. AUTOPSY? (Yes or No)     No     In or obout   21C. WHERE DID office bidg.,   INJURY OCCUR?     21F. HOW DID INJURY OCCUR?     August 5,   | 208. IF YES, WERE IN CERTIFYING C./ (If in Boltimo | 18 mos.  FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact location)  Intember 16, 19 67  Intember 18, 1967  Eity, town, or county) (State   |

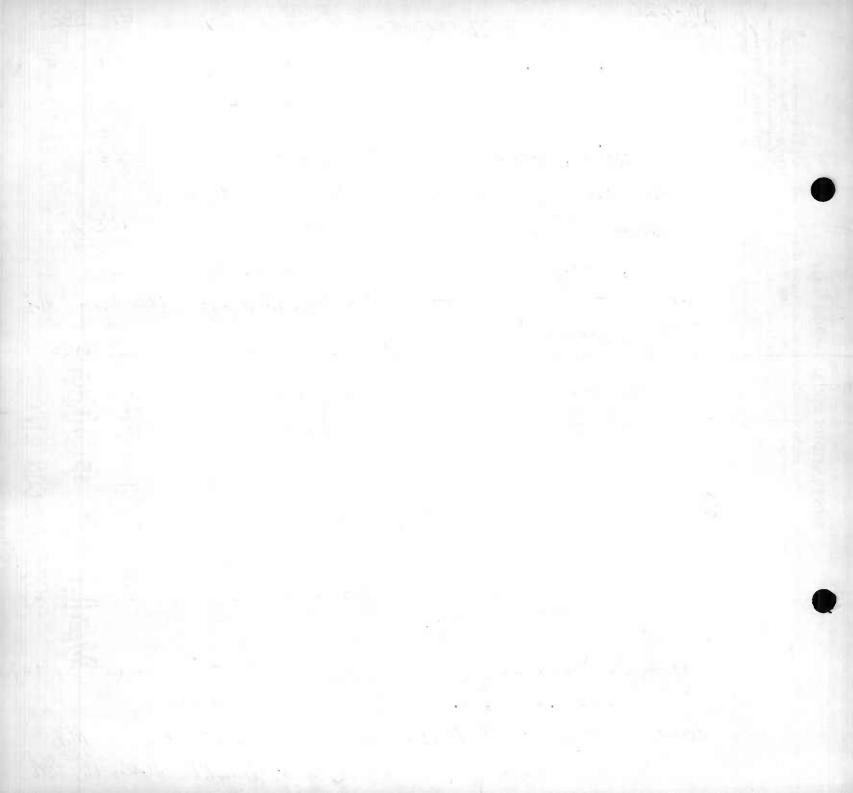
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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65



10.29

The second secon

24C. FUNERAL DIRECTOR

John J. Duda, 7922 Wise Ave. Dundalk, Md.

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

24B, NAME OF REGISTRAR

Defended the state of the state

FUNERAL DIRECTOR: IMPORTANT

| H                     | ULL NAME OF<br>IOSPITAL OR<br>ISTITUTION   | F (If not in hospital oddress or location   | or institution, give street   |   | autsido city limits, write           | e RURAL and give township)      |
|-----------------------|--|---|---|---|--------------------------------------|---------------------------------|
|                       | 1636   | Koy no  | on the  | Baltimor  |                                      | 14-0                            |
| F.                    | emald  | 6.RACE<br>Colored   | 7. MARRIED, NEVER MARRIED WIDOW 1008 (specify)  | 8. DATE OF BIRTH H'eb. 61877  | 9. AGE (In yours                     | If Under 1 Yr. If Under :       |
|                       |  | PATION (Give kind of work<br>vorking life, even il retired)   | 10B. KIND OF BUSINESS OR INDUS  | TRY 11. BIRTHPLACE (Stole or fo   |                                      | 12. CITIZEN OF WHAT COUNTRY?    |
| 3. F                  | Charl  | les H. Kerr   |   | Mary J. Lo  | rd                                   |                                 |
|                       |  | Ever in U. S. Armed Far-<br>(II yos, give war ar date   |   | 17. INFORMANT T. Henderson  | Kerr D                               | ADDRESS 190'                    |
|                       | (This does no<br>heart failure, a<br>injury or comp  | E OR CONDITION DIR LEADING TO DEATH as I mean the mode of as thenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS. if  | dying, e.g., DUE TO the disease, death.)  | Luo Deleve  | Growla<br>Ses                        | interval between onset and deal |
| Z                     | OISEASI (This does not heart failure, of injury of complete to the UNDERLYING OTHER SIGNIFTO THE DE  | LEADING TO DEATH of mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if abave cause (A) is CONDITION tast.  FIGANT CONDITIONS CEATH BUT NOT RELA   | dying, e.g., the disease, death.)  any, giving sloting the (C)  | Luo Delen   | Lionda<br>Ses                        |                                 |
| ATION                 | OTHER SIGNIF   | LEADING TO DEATH of mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if abave cause (A) is CONDITION tast.  II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I   | dying. e.g., the disease, death.)  any, giving sloting the (C)  CONTRIBUTING ATED TO THE T.   | Coronay<br>Lewoseler<br>Serilete  | Everyla<br>Zes<br>7                  |                                 |
| AL CERTIFICATION      | This does not heart failure, or injury or compared to the UNDERLYING  OTHER SIGNIFTO THE DESTRUCTION OF CONTRIBUTION OF CONTRI | LEADING TO DEATH al mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if abave cause (A) 5 CONDITION tast.  FICANT CONDITIONS CATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON  | dying, e.g., the disease, death.)  any, giving sloting the (C)  CONTRIBUTING (C)  DITION FOR WHICH OPERATION FORMED   | Coronay<br>Lewoseler<br>Serilete  | No) 208. IF YES, WER IN CERTIFYING C | ONSET AND DEAT                  |
| MEDICAL CERTIFICATION | This does not heart failure, or injury or compared to the UNDERLYING  OTHER SIGNIFTO THE DESTRUCTION OF CONTRIBUTION OF CONTRI | LEADING TO DEATH al mean the mode of asthenia, etc. It means plicotion which caused ANTECEDENT CAUSES R CONDITIONS, if abave cause (A) is CONDITION tast.  II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERI IT WAS UNDERLYING TING CAUSE OF | dying, e.g., the disease, death.)  any, giving sloting the  CONTRIBUTING VIED TO THE T.  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e. home, form, loctory, streotetc.) | 20A. AUTOPSY? (Yes or John or obout 21C. WHERE DID IN Office bidg., INJURY OCCUR? | No) 208. IF YES, WER IN CERTIFYING C | ONSET AND DEATH                 |

0.10 real ... tolion . Regard . Legal . 

| This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the | made.              |
|--|--------------------|
| death oc<br>t or cont<br>Undetern<br>as in reg   | SI LIOILISC        |
| he chief medical examiner or his assistant if by a medical examiner. Also, if the direc (2) Body burns; (3) A fracture of any kind; (4) re the physician who pronounced death w physician was in regular attendance on the   | The Drill display  |
| examiner examiner.  3) A fractur who pro   | OLD PERDO          |
| hief medical<br>a medical<br>body burns; (he physician   | the remains        |
| FU<br>ved by the c<br>hospital by<br>nature; (2) B<br>ept where t  | Partora Pateria    |
| st be appro-   | TICT DO OBT        |
| This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased pr  | Written abbroval n |

| R-152 BALTIMORE CI   | TY HEALTH DEPARTMENT   |
|--|--|
| BIRTH NO. 67 8931 CERTIFIC   | ATE OF DEATH Registered No. 67 8931  |
| M.E. CASE NO.  |  |
| Type or Printly To B. D.   | Sept 13, 1967  |
| PLACE OF DEATH IN BALTIMORE, MARYLAND  | 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admissing               |
|  | 822 N. Carrollton Ave  |
| FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)                              | mary tand  |
| INSTITUTION  | C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltlimore                 |
|  | 10 01  |
| Vab Tallace est  | D. STREET ADDRESS (If iviol, give locotion)  |
| 12/ / carrollon ar   | 822 n. Carrollton.   |
| 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  | B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr.   If Under 24 H   Months   Doys   Hours   Min, |
| 4 Colored Widow  | QUT7-1883 83   |
| OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST lone during most of working life, even if retired) | RY 11. BIRTHPLACE (State ar fareign country) 12, CITIZEN OF WHAT COUNTRY?                          |
| 16 P   | Bart Ct  |
| 3. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |
| 10 1 1 10 11   |  |
| Charles a Berry  | mary Berry   |
| S. Was Deceased Ever in U. S. Armed Faices?  16. SOCIAL SECURITY NO.   | 17. INFORMANT ADDRESS 8 2 2  |
|  | Jella Washington 718assall +   |
| 18. 4 9 0 CAUSE  | OF DEATH INTERVAL BETWEEN  |
| DISEASE OR CONDITION DIRECTLY  | ONSET AND DEATH  |
| LEADING TO DEATH   | on Mistine Mart / audure ). days   |
| (This does not mean the mode of dying, e.g., DUE 40 heart failure, asthenia, etc. It means the disease,                    |  |
| injury or camplication which coused death.)  | D S 14 4   |
| ANTECEDENT CAUSES (B)  | CC SITTIN, Nyster,   |
| DISEASES OR CONDITIONS, if any, giving   |  |
| rise to the obove couse (A) stating the (C)  |  |
| UNDERLYING CONDITION last.   |  |
| Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  | 11 / 1 - 1   |
| O THE DEATH BUT NOT RELATED TO THE   | elles (89 ys s)  |
| DISEASE OR CONDITION CAUSING IT.  19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION                               | 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED                                   |
| 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  | IN CERTIFYING CAUSES OF DEATH?   |
| W  | p, in ar about 21 C. WHERE DID (II in Baltimare City, give exact lacation)                         |
| OR CONTRIBUTING CALLSE OF  | office bidg., INJURY OCCUR?  |
| 0  |  |
| 21D. TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED   | 21F. HOW DID INJURY OCCUR?   |
| (APPROX.)  While At Work  Not W  |  |
| 22. I certify that (I) (this baspital) attended the deceased from  | Oug, 1967 to Sept, 7 1967  |
| 0/7  |  |
| that (I) (we) last saw the deceased alive an   | 19 and that in (my) (we) apinion death accurred an the d   |
| and haur and from the causes stated above. (1) (40) (did not   | 4-4  |
| 23A. SIGNATURE   | 238. DATE SIGNED   |
|  | Attending Med. Staff Phys. 9/14/67   |
| 23C. PHYSICIANS  | 23D. ADDRESS   |
| NAME (Type)  | 0. 15N- E PARIS D.   |
| 4A. BURIAL CREMATION, 248, DATE /24C. NAME of CEMETERY of  | CREMATORY 24D, LOCATION (City, town, or county) (State)  |
| REMOVAL (Specify)  |  |
| Burial 9-16-67 Mt. Auburn  |  |
| SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  | 25C. FUNERAL DIRECTOR ADDRESS  |
| SEP 1 8 1967 Robert & Laubenny   | A (Mir) Aranche & Henricky W. Biddle   |
| 'S 150-REV. 1/1/65   |  |

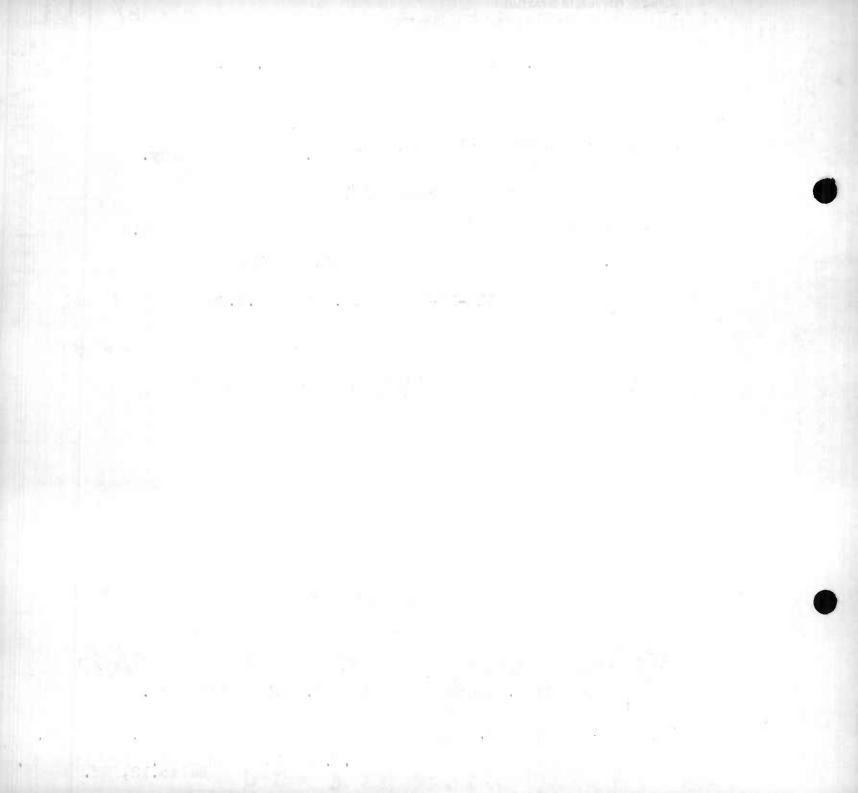
Chapter Hearthipie 142 A Land 6/6 Conclegation is 18- E Engla Co.

| SERVINO.  THE CASI NO.  THE CA |
|--|
| 1. NAME OF DECEASED TYPUL NAME OF DEATH IN BALTIMORE, MARTLAND  A SPACE OF DEATH IN BALTIMORE, MARTLAND  A STATE  MATYLAND  A STATE  MATYLAND  C. CITY OF TOWN (II outside city limits, write RURAL and give township)  O 638 E. 33rd St.  648 E. 33rd St.  658 E. 33rd St.  669 E. 31 E. 32rd St.  669 E. 32rd St.  679 E. DATE OF BIRTH 19. Apole (ny years) (out beinglosy) (out beinglosy |
| Atlantis Hull Dorsey  Sept. 17, 1967  J. USUAL RESIDENCE (Where deceled lived, Ill institutions tesidence before addressed for the first and an account of the first and ac |
| ULL NAME OF HOSPITAL OR Oddiess or locofion)  638 E. 33rd St.  641 Immore (Invol.) by election)  638 E. 33rd St.  641 Immore (Invol.) by election)  638 E. 33rd St.  641 Immore (Invol.) by election)  638 E. 33rd St.  641 Immore (Invol.) by election)  638 E. 33rd St.  641 Immore (Invol.) by election)  638 E. 33rd St.  641 Immore (Invol.) by election)  638 E. 33rd St.  641 Immore (Invol.) by election)  642 Election (Invol.) by election)  643 E. 33rd St.  641 Immore (Invol.) by election)  643 E. 33rd St.  641 Immore (Invol.) by election)  643 E. 33rd St.  641 Immore (Invol.) by election)  644 Election (Invol.) by election)  658 E. 33rd St.  641 Immore (Invol.) by election)  648 E. 33rd St.  641 Immore (Invol.) by election)  648 E. 33rd St.  641 Immore (Invol.) by election)  648 E. 33rd St.  641 Immore (Invol.) by election)  648 E. 33rd St.  641 Immore (Invol.) by election)  648 E. 33rd St.  641 Immore (Invol.) by election)  648 E. 33rd St.  641 Immore (Invol.) by election)  648 E. 33rd St.  641 Immore (Invol.) by election)  648 E. 33rd St.  641 Immore (Invol.) by election)  648 E. 33rd St.  641 Immore (Invol.) by election)  648 E. 33rd St.  641 Immore (Invol.) by election)  648 E. 33rd St.  641 Immore (Invol.) by election)  648 E. 33rd St.  641 Immore (Invol.) by election)  648 E. 33rd St.  641 Immore (Invol.) by election)  648 E. 33rd St.  641 Immore (Invol.) by election)  648 E. 33rd St.  641 Immore (Invol.) by election)  648 E. 33rd St.  641 Immore (Invol.) by election)  648 E. 33rd St.  641 Immore (Invol.) by election)  648 E. 33rd St.  641 Immore (Invol.) by election)  649 Immore (Invol.) by election)  640 Immore (Invol.) by election (Invol.) by election)  641 Immore (Invol.) by election)  641 Immore (Invol.) by election (Invol.) by election ( |
| C. CITY O'TOWN (If outside city limits, write RURAL and give township)   |
| C. CITY OF TOWN (If outside city limits, write RURAL and give township)   C. CITY OF TOWN (If outside city limits, write RURAL and give township)   C. CITY OF TOWN (If outside city limits, write RURAL and give township)   C. STREET ADDRESS (If true), give beceived   C. STREET ADDRESS   C. STREET ADDRESS (If true), give beceived   C. STREET ADDRESS   C. STREET AD   |
| SEX 6. RACE WIDOWED, DIVORCED (specify) MATTIED  NUMBER OF DIVORCED (s |
| SEX 6. RACE WIDOWED, DIVORCED (specify) MATTIED  NUMBER OF DIVORCED (s |
| SEX 6. RACE W WOOMED DIVORCED (specify) 6/1/1886  F W MOOMED DIVORCED (specify) 6/1/1886  A USUAL OCCUPATION (Give kind of weat) (O. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 81  AUSUAL OCCUPATION (Give kind of weat) (O. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 81  HOUSEWISE OF CONDITION (Give kind of weat) (O. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) WHAT COUNTRY WHAT COUNTRY WHAT COUNTRY U.S.A.  BALLIMOTE, Md. W. RICE  A.K.V. HULL  ADDIE V. RICE  WOOD Secessed Ever in U. S. Amed Forces? School or unknown (if yes, give wor or doles of service) 16. SOCIAL SCULITY NO. 216-46-2323  Lloyd Dorsey, Jr. (Same)  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart foliute, asthenic, etc. I means the diseases, injury or complication which coused doeth.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if ony, giving itse to the obove couse (A) sloting the UNDERLYING CONDITION lost.  10 THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  210-ADATE OF OFERSTION 198. CONDITION POR WHICH OPERATION WAS PERFORMED  210-ADATE OF OFERSTING WAS PERFORMED  210-ADATE OF OFERSTING CAUSES OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING COUNTRIBUTING CONTRIBUTING CONT |
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| A USUAL OCCUPATION (Give kind of work)   108, KIND OF BUSINESS OR INDUSTRY   11, BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY)   11, BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY)   13, BIRTHPLACE (State or foreign country)   12, CITIZEN OF WHAT COUNTRY)   14, MOTHERS MADEN NAME   14, MOTHERS MAIDEN NAME   15, MOTHERS MAIDEN NAME   16, SOCIAL   17, INFORMANT   ADDRESS   17, INFORMANT   ADDRESS   17, INFORMANT   ADDRESS   18, OCCUPANT   18   |
| HOUSEWIFE OWN HOME  Baltimore, Md.  U.S.A. FATHER'S NAME  A.K.V. Hull  Wos Deceased Ever in U. S. Armed Forces?  A.K.V. Hull  Abbie V. Rice  16. SOCIAL SECURITY Nd.  216-146-2323  Lloyd Dorsey. Jr.  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (Ihis does not mean the mode of dying, e.g., head foliage, etc. il means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving isse to the above couse (A) stoling the UNDERLYING CONDITION Total.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.  172. INFORMANT  CAUSE OF DEATH  ONE TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.  173. INFORMANT  CAUSE OF DEATH  ONE TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.  174. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH  274. ACCIDENT WAS UNDERLYING OR CONTRIBUTION AND PROVINCE OF THE DEATH SUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSES OF DEATH  275. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR?  276. THE DEATH SUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTION TO CONTRIBUTION TO COURT STREET OF THE SIGNIFICANT CONTRIBUTION TO COURT STREET OF THE SIGNIFICANT CONTRIBUTION TO COURT STREET OF THE SIGNIFICANT COURT STREET O |
| A.K.V. Hull  A.K.V. Hull  Abbie V. Rice  A.K.V. Hull  Abbie V. Rice  ADDRESS  BLOYD DOTSEY. JT. (Same)  16. SOCIAL SECURITY NO.  216-146-2323 Lloyd Dorsey. JT. (Same)  18. CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart foliure, asthenic, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION  19A.DATE OF OPERATION  21B. LACIDENT WAS UNDERLYING AS PERFORMED  21A. ACCIDENT WAS UNDERLYING AS PERFORMED  21A. ACCIDENT WAS UNDERLYING AND FOR WHICH OPERATION CONTRIBUTING TO CONTRIBUTING CONSIDERED TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING TO CONTRIBUTING CON |
| A.K.V. Hull  A.K.V. Hull  Abbie V. Rice  A.K.V. Hull  Abbie V. Rice  ADDRESS  BLOYD DOTSEY. JT. (Same)  16. SOCIAL SECURITY NO.  216-146-2323 Lloyd Dorsey. JT. (Same)  18. CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart foliure, asthenic, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION  19A.DATE OF OPERATION  21B. LACIDENT WAS UNDERLYING AS PERFORMED  21A. ACCIDENT WAS UNDERLYING AS PERFORMED  21A. ACCIDENT WAS UNDERLYING AND FOR WHICH OPERATION CONTRIBUTING TO CONTRIBUTING CONSIDERED TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING TO CONTRIBUTING CON |
| Two Deceased Ever in U. S. Armed Forces?  In address of service se, no or unknown] (It yes, give wor or dotes of service)  It also or unknown] (It yes, give wor or dotes of service)  It also or condition directly  Leading to Death  (This does not meen the mode of dying, e.g., heart follower, sistenic, etc. It means the disease, injury or complication which coused death,)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost,  OTHER SIGNIFICANT CONDITION Sost,  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  PARA ACCIDENT WAS UNDERLYING WAS PERFORMED  21B. PLACE OF INJURY (e.g., in or about 22 C., where Did (If in Boltimore City, give exact locabion)  PLACIDENT WAS UNDERLYING CAUSE OF INJURY (e.g., in or about 22 C., where Did (If in Boltimore City, give exact locabion)  PLACIDENT WAS UNDERLYING CAUSE OF INJURY (e.g., in or about 22 C., where Did (If in Boltimore City, give exact locabion)  PLACEDENT WAS UNDERLYING CAUSE OF INJURY (e.g., in or about 22 C., where Did (If in Boltimore City, give exact locabion)  PLACEDENT WAS UNDERLYING CAUSE OF CONDITION CAUSING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or about 21 C., where Did (If in Boltimore City, give exact locabion)  PLACEDENT WAS UNDERLYING CAUSE OF CONDITION CAUSE OF DEATH?  21B. PLACE OF INJURY OCCUR?  |
| No 216-146-2323 Lloyd Dorsey. Jr. (Same)  18.  |
| 18.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart flowing, etc.) It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING WAS PERFORMED  21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID OR CONTRIBUTING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID OR CONTRIBUTING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID OR CONTRIBUTING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID OR CONTRIBUTING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID OR CONTRIBUTING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID OR CONTRIBUTING CAUSES OF DEATH?  21B. PLACE OF INJURY OCCUR?   |
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| ANTECEDENT CAUSES  DUE TO  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING WAS PERFORMED  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) home, larm, foctory, street, office bldg., INJURY OCCUR?  |
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| rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.    Comparison of the condition of the UNDERLYING CONDITION lost.    Comparison of the condition of the UNDERLYING CONDITION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONSIDERED CONTRIBUTION CAUSING IT.    Comparison of the condition of the UNDERLYING CONTRIBUTING CONTRIBUTION CO |
| UNDERLYING CONDITION lost,    Content Significant Conditions Contributing to the Disease or condition causing it.    Condition Condition for Which Operation   198. Condition for Which Operation   20A. Autopsy; (Yes or No)   20B. If YES, Were findings Considered In Certifying Causes of Death?    Condition Causing it.   21A. Accident Was underlying   21B. Place of Injury (e.g., in or obout 21C. Where Did Injury Occur?   21A. Accident Was underlying   21B. Place of Injury (e.g., in or obout 21C. Where Did Injury Occur?   21B. Place of Injury Occur?  |
| 19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, larm, foctory, street, office bldg., INJURY OCCUR?  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  |
| 19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, larm, foctory, street, office bldg., INJURY OCCUR?  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  |
| 19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, larm, foctory, street, office bldg., INJURY OCCUR?  21A. MICHIGAN CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, larm, foctory, street, office bldg., INJURY OCCUR?  |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, larm, foctory, street, office bidg., INJURY OCCUR?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, larm, foctory, street, office bidg., INJURY OCCUR?  21D. IMME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?   |
| 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF (DEATH (notify medical extrant)) DEATH (notify medical extrant)  218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR?  |
| OR CONTRIBUTING   CAUSE OF   home, larm, foctory, street, office bldg., INJURY OCCUR?  |
| 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  |
| 21D. TIME (Month) (Doy) (Yeot) (Hout) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  |
|  |
| (APPROX.) While At Work At Work  |
| 22. I certify that (1) (this haspital) attended the deceased from Thrusy 196) to Sept 17 1967  |
| that (1) (we) last sow the deceased alive an Seft 14 1967 and that in (my) (our) apinion death accurred an the de  |
|  |
| and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. From medical by North 1238, DATE SIGNED.  |
| A.C. P. Alex Auending TV Med. Stoff Coll 10 10 10 1  |
| Phys. Director Phys. J Phys.   |
| 23C. PHYSICIAN'S NAME (Type)   |
| A. S. Chalfant M.D. 6210 York Road   |
| A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)  |
| D1-3 p /00 // =   000 // =   |
| SA. DATE REC'D BY HEALTH DENT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS   |
| SEP 18 1967 (P. De & Jankins & Sons Co. 4905 York Rd   |
| 5 150-REV. 1/1/65 Balto. 12, Md.   |

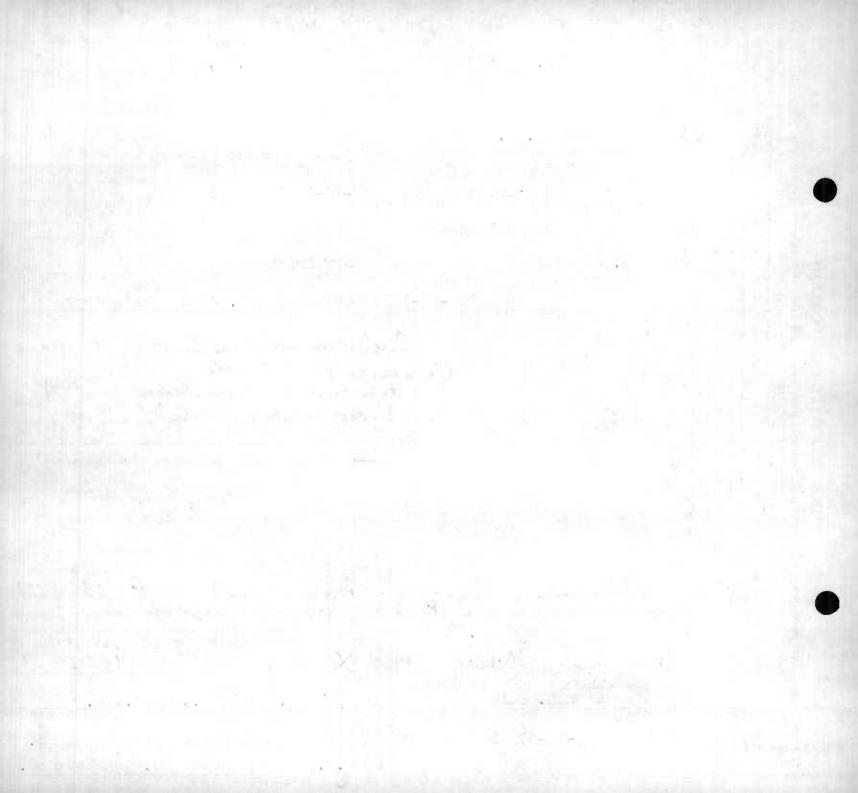


FUNERAL DIRECTOR: IMPORTANT

|   | 1,00   |  |  | Registered Na.  | 67 8933   |
|---|--|--|--|---|---|
| M.E. CASE NO.   |  | 8933 CERTIFICA   |  | AND HOUR OF DEATH   |   |
| Type or Print)  | May  | G. Stump   | Cant   | 16 1067   | 12:45 P   |
| . PLACE OF DE   | MAY<br>ATH IN BALTIMORE, MA  | RYLAND   | 4. USUAL RESIDENCE (WI<br>A. STATE B. COL  | hero docoosod livod. If i                                   | nstitution: residence before odmissi  |
| SID L MAAR  | OF OF THE PROPERTY.  | 1-1-1-1-1  | Maryland   | DIALI   |   |
| HOSPITAL OR   | address or tocatio   | or institution, give street<br>n)  | C. CITY OR TOWN (If  | outside city limits, write                                  | RURAL and give lawnship   |
| A   |  |  | Baltimore  |   | 17-0  |
| 218   | Ridgewood R  | oad Nursing Home   | D. STREET ADDRESS  | If rural, give location)                                    |   |
|   |  | 000 110110   | 100 W. Uni   | versity Pk  | wy.   |
| SEX   | 6. RACE  | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  | 8. DATE OF BIRTH   | 9. AGE (In years<br>last birthday)                          | If Under 1 Yr. If Under 24<br>Months Days Hours Mir   |
| F   | W  | Never Married  | 3/7/1888   | 79  |   |
|   |  | 108, KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (State or fo  | reign country)  | 12. CITIZEN OF WHAT COUNTRY?  |
|   | working life, even if retired) -State Boar   | Nursing<br>d of Examiners  | Momm   | land  |   |
| 3. FATHER'S NA  |  | A OT BVERITTHELD   | Mary   | AME   | USA   |
| levend  | er H. Stump  |  | Nonnia Mari  | 77.00   |   |
|   | Ever in U. S. Armed For  | cos? 16. SOCIAL  | Nannie Woo   | llen  | ADDRESS   |
|   | n) (If yes, give wer or dete   | s of service) SECURITY NO.   |  |   |   |
| No  |  | 217-16-1184A   | Mrs.German   | H.H.Emory   | (Same)  |
| 18.42   | 2./1   | CAUSE O  | F DEATH  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| DISEA   | SE OR CONDITION DI   | RECTLY   |  |   | / mm  |
| (This does  | LEADING TO DEATH<br>nal mean line made of  | dving a g  | rumonua  | **************  | 5 days  |
| heart failure,  | asthenia, etc. It means  | the disease,   | terescleration   |   |   |
|   | mplication which caused  | dealh.)  | times chantie  | CVD   | un  |
|   | ANTECEDENT CAUSES  | 0010   |  |   |   |
|   | OR CONDITIONS, if above cause (A)  |  |  |   |   |
|   | G CONDITION last.  |  |  | ***************************************                     |   |
| _   | - 11   |  |  |   |   |
| OTHER SIGN  | DEATH BUT NOT RELA   | CONTRIBUTING<br>ATED TO THE  |  |   |   |
| DISEASE OR  | CONDITION CAUSING  |  | TODA ALIZONNO IV   | Nall 200 IF HER WATER                                       | CINDING: CONSTRUCT  |
| 19A. DATE OF  | F OPERATION 198. CON   |  | AUTOPST? ITES OF   | IN CERTIFYING CA  | FINDINGS CONSIDERED   |
|   | NT WAS UNDERLYING  | 21B. PLACE OF INJURY (o.g., i  | n or about 21C. WHERE DID  | (If in Rollims  | re City, give exact location)   |
| , OR CONTRIB  | UTING CAUSE OF y modical examiner)   | hame, farm, factory, street, a   |  | tit in boiling  | with any are ever locoson.  |
| 21D. TIME   | (Month) (Doy) (Year)   | (Hour) 21 E. INJURY OCCURRED   | 21F. HOW DID II  | NJURY OCCUR?  |   |
|   |  | While At Not While At Work   |  |   |   |
| (APPROX.)   |  |  | . ,  |   | 1 /   |
| (APPROX.)   | that (1) (this baseisa   | () attended the deceased from  | 1/2.754  | 10 0  | 1/6/67 10   |
| (APPROX.)  22. I certify  |  | 1) attended the deceased from  | 1 /  | 191a  |   |
| 22. I certify that (I) (we  | ) last saw the decease   | ed alive on 9/16/47  | 19and  | that in(my) (aur) ap  |   |
| 22. I certify that (I) (we  | ) last saw the deceased from the causes sta  | 2/1/1  | 19and  | that in(my) (aur) ap  | inian death accurred an the   |
| 22. I certify that (I) (we  | ) last saw the deceased from the causes sta  | ed alive on 9/16/47  ted abave. (I) (We) (did) (did not)   | 19 and riew the bady after death   | that in(my) (aur) ap  |   |
| 22. I certify that (I) (we and haur an 23A. SIGNATI   | o) last saw the deceased from the causes sta   | ed alive on 9/16/67 ted abave. (1) (We) (did) (did not) v  Short M.D. Att. Phy                                     | noing Med.  Med. Director  | that in(my) (aur) ap  | inian death accurred an the   |
| 22. I certify that (I) (we  | o) last saw the deceased from the causes sta   | ted alive on 9/16/67 ted abave. (1) (We) (did) (did not) v   | nonding Med.  Director 23D. ADDRESS  | that in (my) (aur) ap                                       | 23B. DATE SIGNED  |
| 22. I certify that (I) (we and hour an 23A. SIGNATI 23C. PHYSICN NAME (**)                              | ol last saw the deceased of from the causes state with the cause state  | ed alive on 9/16/47 ted abave. (I) (We) (did) (did not) v  Att. Phy  | onding Med.  Director  23D. ADDRESS  100 W. Uni  | that in(my) (aur) ap  Stoff Phys.   Versity Pk              | inian death accurred an the   |
| 22. I certify that (I) (we) and haur an 23A. SIGNATI 23C. PHYSICN NAME (1)                              | ol last saw the deceased of from the causes state with the cause state with the cause with the cause with the cause with the cause state with the cause state with the cause with the cause state with the cause | ed alive on 9/16/47 ted abave. (I) (We) (did) (did not) v  S W. Gluck M.D.  24C. NAME of CEMETERY of CR            | onding Med. Director  | that in(my) (aur) ap  Stoff Phys.   Versity Pk  LOCATION (C | inian death accurred an the  23B. DATE SIGNED  9//6/7  WY •  City, town, or county) (State                  |
| 22. I certify that (I) (we) and haur an 23A. SIGNATI 23C. PHYSICN NAME (  4A. BURIAL CRI REMOVAL BURIAL | ol last saw the deceased of from the causes state of the causes of the c | ed alive on 9/16/47 ted abave. (I) (We) (did) (did not) v  SW. Gluck M.D.  24C.NAME of CEMETERY of CR  7 St.Thomas | onding Med. S. Director Direct | that in(my) (aur) ap  Stoff Phys.   Versity Pk  LOCATION (C | inian death accurred an the  23B. DATE SIGNED  9/8/47  Wy •  City, town, or county) (Stote and the st.) Md. |
| 22. I certify that (I) (we) and haur an 23A. SIGNATI 23C. PHYSICN NAME ( 24A. BURIAL CRI REMOVAL BURIAL | ol last saw the deceased of from the causes state with the cause state with the cause with the cause with the cause with the cause state with the cause state with the cause with the cause state with the cause | ed alive on 9/16/47 ted abave. (I) (We) (did) (did not) v  S W. Gluck M.D.  24C. NAME of CEMETERY of CR            | onding Med. Director  | that in(my) (aur) ap  Stoff Phys.   Versity Pk  LOCATION (C | 9/5/67 Wy. City, town, or county) (Stote ost, Md.   |



| 17                    |  | EASED  |  |  | 2. DATE   | AND HOUR OF DEATH   | 1   |                |  |
|-----------------------|--|--|--|--|---|---|---|----------------|--|
| Type                  | or Print)  | J  | TAY C.   | JOHNSON  | Set   | ot.15.1967  | 16  | : 30           |  |
| 3. PL                 | ACE OF DE  |  | IMORE, MARY  |  | 4. USUAL RESIDENCE (WA. STATE B. COL  | here deceased lived. If   | institution; residence                                | e before       |  |
|                       | JLL NAME C   | F (If not  | in hospital or   | institution, give street   | Maryland  |   |   |                |  |
|                       | OSPITAL OR   | oddres   | ss or location)  |  | C. CITY OR TOWN (If outside city limits, write RURAL and give town  |   |   |                |  |
| 6                     | 10 L   | ong Gr   | een N.   | H.   | D. STREET ADDRESS   | (If rurol, give location)   |   | -              |  |
| 1                     |  |  |  |  | 3601 Green  |   |   |                |  |
| 5. SE                 | Х  | 6. RACE  | 7.   | MARRIED, NEVER MARRIED   | 8. DATE OF BIRTH  | 9. AGE (In years  | If Under 1 Yr.<br>Months: Doys                        | )f Un<br>Hours |  |
|                       | M  | W  |  | Married (specify)  | 2-20-1881   | 86  | With this Doy's                                       | Hours          |  |
|                       |  | UPATION (Give  |  | B. KIND OF BUSINESS OR INDUSTRY  |   | oreign country)   | 12. CITIZEN O   | F<br>UNTRY?    |  |
| -04                   | les  | Jraniy me, ev  |  | Real Estate  | Maryland  |   | USA   |                |  |
| 13. F                 | ATHER'S NA   | ME   |  |  | 14. MOTHERS MAIDEN N  | AME   |   |                |  |
|                       | Jacob  | C. Jo  | hnson  |  | Mary Branno   | on  |   |                |  |
| 5. W<br>(Yes.)        | os Deceosed  | Ever in U. S.  | Armed Force  | of service) 1 6. SOCIAL SECURITY NO.   | 17. INFORMANT   |   | ADD   | RESS           |  |
| 40.0                  | To   | ,  |  | 220-44-1338  | Charolette  | K. Johnson  | on A  | bove           |  |
| 1                     | 8. 4 4   | 3 XI   |  | CAUSE O  |   |   | INTER   | VAL BET        |  |
|                       | DISEA  |  | DITION DIREC   | CTLY /   | 1 - 1 . 0   | , -,  |   | AND            |  |
|                       | This does  | LEADING T  |  | (A) Cu   | Swanula   | 1 hen cent  | 3 4   | 4              |  |
|                       | This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. II means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the   |  |  |  |   |   |   |                |  |
| 1                     | illinia of cor   | ipliconon wil  | ich consen a   | BOIL!  |   | 4 V 4   | 1 6 -   | 1.0            |  |
|                       |  | ANTECEDEN  | T CAUSES   | (B) / 124  | us truewe   | Arterio Sd  | Zusti   | 10             |  |
|                       |  | ANTECEDEN  |  | V. giving  | us truewe   | Arterio Sch   | Zerohi.   | 10             |  |
|                       | DISEASES (   | OR CONDIT  | IONS, if on<br>couse (A) s   | y, giving (C)  | u tuene<br>Lova bela  | Arterio Sch   | Zushè   |                |  |
|                       | DISEASES (   | OR CONDIT  | IONS, if on<br>couse (A) s   | y, giving (C)  | u tuene   | Arterio Sch<br>n Praire   | Peroti  | 70             |  |
|                       | DISEASES ( rise to th UNDERLYIN  OTHER SIGN  | OR CONDITION OF CO | IONS, if on couse (A) s ON lost.   | NTRIBUTING   | ur tuene<br>Lover ala   | Arterio Sol   | Zeo hè  | 70             |  |
| ATION                 | DISEASES ( rise to the UNDERLYIN  OTHER SIGN TO THE D DISEASE OR   | OR CONDITION  OR CONDITION  IFICANT CONDITION  EATH BUT  CONDITION   | IONS, if on couse (A) s ON lost.  NOT RELATE CAUSING IT.   | NTRIBUTING<br>D TO THE   |   |   |   | 70             |  |
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| CERTIFICATION         | DISEASES (INTERPRETATION OF THE DISEASE OR PA. DATE OF   | OR CONDITION  O OBOOLO  OF CONDITION  OF CONDITION  OPERATION  TO WAS UNIT   | IONS, if on couse (A) s ON lost.  NOT RELATE CAUSING IT.  19B. CONDI WAS PERFO   | NTRIBUTING D TO THE  THON FOR WHICH OPERATION RMED    218. PLACE OF INJURY (e.g., i  | 20 A. AUTOPSY? (Yes or NO   | No) 208. IF YES, WERE IN CERTIFYING C.  | FINDINGS CON<br>AUSES OF DEATH                        | 1?             |  |
| AL CERTIFICATION      | DISEASES (IN THE PROPERTY OF T | OR CONDITION  OR CONDITION  IFICANT CONDITION  EATH BUT  CONDITION   | IONS, if on couse (A) son lost.  NOT RELATE CAUSING IT.  19B. CONDI WAS PERFO  | NTRIBUTING D TO THE  | 20 A. AUTOPSY? (Yes or NO   | No) 208. IF YES, WERE IN CERTIFYING C.  | FINDINGS CON  | 1?             |  |
| DICAL CERTIFICATION   | DISEASES (IN THE DEATH (IN THE | DR CONDITION  e obove composition  from the condition  from the co | IONS, if on couse (A) s ON lost.  NOT RELATE CAUSING IT.  19B. CONDI WAS PERFO DERLYING USE OF miner)  | NTRIBUTING D TO THE  TION FOR WHICH OPERATION  RMED  218. PLACE OF INJURY (e.g., in home, form, foctory, street, or  | 20 A. AUTOPSY? (Yes or NO   | No) 208. IF YES, WERE IN CERTIFYING C.  ()f in Boltima  | FINDINGS CON<br>AUSES OF DEATH                        | 1?             |  |
| AEDICAL CERTIFICATION | DISEASES (IN THE PROPERTY OF THE DESCRIPTION OF THE | DR CONDITION  e obove composition  from the condition  from the co | IONS, if on couse (A) s ON lost.  NOT RELATE CAUSING IT.  19B. CONDI WAS PERFO DERLYING USE OF miner)  | NTRIBUTING D TO THE  TION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)  Houri 21E, INJURY OCCURRED  While At Not While  | 20 A. AUTOPSY? (Yes or NO nor obout 21C. WHERE DID INJURY OCCUR?  | No) 208. IF YES, WERE IN CERTIFYING C.  ()f in Boltima  | FINDINGS CON<br>AUSES OF DEATH                        | 1?             |  |
| MEDICAL CERTIFICATION | DISEASES (IN THE DESTRUCTION OF  | DR CONDITION  e obove of CONDITION  IFICANT CONTENT BUT CONDITION  OPERATION  NT WAS UNITING CAL  medicol exor   | IONS, if on couse (A) son lost.  NOT RELATE CAUSING IT.  198. CONDI WAS PERFO DERLYING USE OF miner)   | NTRIBUTING D TO THE  TION FOR WHICH OPERATION RMED  218. PLACE OF INJURY (e.g., into the content of the content | 20 A. AUTOPSY? (Yes or NO No nor obout 21C. WHERE DID NJURY OCCUR?  | No) 208. IF YES, WERE IN CERTIFYING C.  | FINDINGS CON<br>AUSES OF DEATH                        | 1?             |  |
| MEDICAL CERTIFICATION | DISEASES (IN IN I   | DR CONDITION  e obove c G CONDITION  IFICANT CONTENT  EATH BUT CONDITION  OPERATION  NT WAS UNIT  JTING CAL  medicol exor  (Month) (D  | IONS, if on couse (A) son lost.  NOT RELATE CAUSING IT.  19B. CONDIT WAS PERFO  DERLYING USE OF miner)  Ooy) (Yeor)  | NTRIBUTING D TO THE  TION FOR WHICH OPERATION  RMED  218. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)  Houri 21E. INJURY OCCURRED  White At Work  At Work  Dattended the deceased from   | 20 A. AUTOPSY? (Yes or NO No or obout 21C. WHERE DID INJURY OCCUR?  | No) 208. IF YES, WERE IN CERTIFYING C.  Of in Boltimo   | FINDINGS CON<br>AUSES OF DEATH<br>ONE City, give exoc | 1?             |  |
| MEDICAL CERTIFICATION | DISEASES (I rise to the UN DERLYIN)  OTHER SIGN TO THE D DISEASE OR 9A. DATE OF CONTRIBUTE OF INJURY APPROX.)  | OR CONDITION  e obove of CONDITION  IFICANT CONDITION  EATH BUT CONDITION  OPERATION  NT WAS UNIT  JING CAL  medicol exor  (Month) (D  | IONS, if on couse (A) son lost.  NOT RELATE CAUSING IT.  19B. CONDI WAS PERFO  DERLYING DISE OF miner)  Ooy) (Yeor)  is hospital) one deceased                               | NTRIBUTING D TO THE  THON FOR WHICH OPERATION RMED  218. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)  Houri 21E. INJURY OCCURRED  While At Not While At Work  attended the deceased from   | 20 A. AUTOPSY? (Yes or NO No nor obout 21 C. WHERE DID INJURY OCCUR?  | No) 208. IF YES, WERE IN CERTIFYING C.  Of in Boltima  NJURY OCCUR?   | FINDINGS CON<br>AUSES OF DEATH<br>ONE City, give exoc | 1?             |  |
| MEDICAL CERTIFICATION | DISEASES (IN IN I   | DR CONDITION  e obove c G CONDITION  IFICANT CONTENT  EATH BUT CONDITION  OPERATION  NT WAS UNIT  JTING CAL  medicol exor  (Month) (D  that (I) (This  | IONS, if on couse (A) son lost.  NOT RELATE CAUSING IT.  19B. CONDI WAS PERFO  DERLYING DISE OF miner)  Ooy) (Yeor)  is hospital) one deceased                               | NTRIBUTING D TO THE  TION FOR WHICH OPERATION  RMED  218. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)  Houri 21E. INJURY OCCURRED  White At Work  At Work  Dattended the deceased from   | 20 A. AUTOPSY? (Yes or NO No nor obout 21 C. WHERE DID INJURY OCCUR?  | No) 208. IF YES, WERE IN CERTIFYING C.  Of in Boltima  NJURY OCCUR?   | FINDINGS CON AUSES OF DEATH                           | 1?             |  |
| MEDICAL CERTIFICATION | DISEASES (I rise to the UN DERLYIN)  OTHER SIGN TO THE D DISEASE OR 9A. DATE OF CONTRIBUTE OF INJURY APPROX.)  | DR CONDITION  e obove c G CONDITION  IFICANT CONTENT  EATH BUT CONDITION  OPERATION  NT WAS UNIT  JTING CAL  medicol exor  (Month) (D  that (I) (This  | IONS, if on couse (A) son lost.  NOT RELATE CAUSING IT.  19B. CONDI WAS PERFO  DERLYING DISE OF miner)  Ooy) (Yeor)  is hospital) one deceased                               | NTRIBUTING D TO THE  TION FOR WHICH OPERATION RMED  218. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)  Houri 21E. INJURY OCCURRED  While At Nort While At Work  attended the deceased from adive an adive an adverse (i) (we) (did) (did not) when the property of the prop | 20 A. AUTOPSY? (Yes or NO nor obout 21 C. WHERE DID liftice bldg., INJURY OCCUR?  21 F. HOW DID II  | No) 208. IF YES, WERE IN CERTIFYING C.  Of in Boltima  NJURY OCCUR?  19 10 10 10 10 10 10 10 10 10 10 10 10 10                          | FINDINGS CON<br>AUSES OF DEATH<br>ONE City, give exoc | 1?             |  |
| MEDICAL CERTIFICATION | DISEASES (In ise to the UN DERLYIN)  OTHER SIGN TO THE DISEASE OR 9A. DATE OF DEATH (notify APPROX.)  12. I certify hot (I) (notify APPROX.)  13. SIGNATURE OF INJURY APPROX.)   | OR CONDITION  e obove condition  from the first condition  or operation  | IONS, if on couse (A) son lost.  NOT RELATE CAUSING IT.  19B. CONDIT WAS PERFO  DERLYING USE OF miner)  Ooy) (Yeor)  The deceased couses stated                              | NTRIBUTING D TO THE  TION FOR WHICH OPERATION  RMED  218. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.,)  Houri 21E. INJURY OCCURRED  While A1 Not While A1 Work  Dattended the deceased from and or etc.,  all places. (1) (Me) (did) (did not) while A1 M.D. Atternity (did)   | 20A. AUTOPSY? (Yes or NO nor obout 21C. WHERE DID liftice bidg., INJURY OCCUR?  21F. HOW DID II   | No) 208. IF YES, WERE IN CERTIFYING C.  Of in Boltimo   | FINDINGS CON AUSES OF DEATH                           | 1?             |  |
| MEDICAL CERTIFICATION | DISEASES (IN IN I   | OR CONDITION  e obove condition  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII   | IONS, if on couse (A) son lost.  IDITIONS COUNT RELATE CAUSING IT.  IPB. CONDITIONS PERFO DERLYING USE OF miner)  IT Shospital) of the deceased couses stated                | NTRIBUTING D TO THE  THON FOR WHICH OPERATION RMED  218. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)  Houri 21E. INJURY OCCURRED  While A1 Not While A1 Work  Ottended the deceased from   | 20 A. AUTOPSY? (Yes or NO NO nor obout 21 C. WHERE DID INJURY OCCUR?  21 F. HOW DID III  21 F. HOW DID III  21 F. HOW DID III  A Director | No. 208. IF YES, WERE IN CERTIFYING C.  Of in Boltimo  NJURY OCCUR?  19 7 to  | Pinion death ace                                      | Scurred c      |  |
| MEDICAL CERTIFICATION | OTHER SIGN TO THE DOTTER SIGN THE  | OR CONDITION  e obove c G CONDITION  IFICANT CONDITION  OPERATION  NT WAS UNIT  JTING CAL  medicol exor  (Month) (D  that (I) (Thirt  last saw that d from the c  URE  ANS  ype) W11.  | IONS, if on course (A) son lost.  NOT RELATE CAUSING IT.  198. CONDIWAS PERFO DERLYING DUSE OF miner)  Poy) (Yeor)  The deceased courses stated                              | NTRIBUTING D TO THE  THON FOR WHICH OPERATION RMED  218. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)  Houri 21E INJURY OCCURRED  While At Not While At Work  attended the deceased from  | 20 A. AUTOPSY? (Yes or NO NO nor obout 21 C. WHERE DID INJURY OCCUR?  21 F. HOW DID III  21 F. HOW DID III  21 F. HOW DID III  A Director | No. 208. IF YES, WERE IN CERTIFYING C.  Of in Boltimo  NJURY OCCUR?  19 7 to  | Pinion death ace                                      | Scurred c      |  |
| MEDICAL CERTIFICATION | DISEASES (INTERPRETATION OF THE DESTRUCTION OF THE  | OR CONDITION  OR CONDITION  OR CONDITION  IPICANT CONDITION  FOR CONDITION  OPERATION  OPERATION  (Month) (D  that (I) (This  last saw the d from the co  ORE  ORE  ORE  MATION, [24]  | IONS, if on couse (A) son lost.  NOT RELATE CAUSING IT.  198. CONDI WAS PERFO  DERLYING DUSE OF miner!  Ooy) (Yeor)  The deceased couses stated  Liam Causes Causes  B. DATE | NTRIBUTING D TO THE  TON FOR WHICH OPERATION RMED  218. PLACE OF INJURY (e.g., inhome, form, foctory, street, oetc.)  Houri 21E. INJURY OCCURRED  While A1 Not While A1 Work  attended the deceased from   | 20 A. AUTOPSY? (Yes or NO nor obout 21 C. WHERE DID liftice bidg., INJURY OCCUR?  21 F. HOW DID II  22 D. ADDRESS  701 St. F  | No) 208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo  NJURY OCCUR?  19 57 to  that in(my) (guil ap  Phys.   Paul St., Be LOCATION (6) | Pinion death ace                                      | Securred of    |  |
| MEDICAL CERTIFICATION | OISEASES (INTERPRETATION OF THE DESIGNATION OF THE  | OR CONDITION  OR CONDITION  OR CONDITION  IPICANT CONDITION  FOR CONDITION  OPERATION  OPERATION  (Month) (D  that (I) (This  last saw the d from the co  ORE  ORE  ORE  MATION, [24]  | IONS, if on couse (A) son lost.  NOT RELATE CAUSING IT.  198. CONDI WAS PERFO  DERLYING DUSE OF miner!  Ooy) (Yeor)  The deceased couses stated  Liam Causes Causes  B. DATE | NTRIBUTING D TO THE  TON FOR WHICH OPERATION RMED  218. PLACE OF INJURY (e.g., inhome, form, foctory, street, oetc.)  Houri 21E. INJURY OCCURRED  While A1 Not While A1 Work  attended the deceased from   | 20 A. AUTOPSY? (Yes or NO NO nor obout 21 C. WHERE DID INJURY OCCUR?  21 F. HOW DID III  21 F. HOW DID III  21 F. HOW DID III  A Director | No) 208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo  NJURY OCCUR?  19 57 to  that in(my) (guil ap  Phys.   Paul St., Be LOCATION (6) | FINDINGS CON AUSES OF DEATH                           | Securred of    |  |



| . NA/  | ME OF DECEASED  |  |  |   |  | 2 DATE AND  | HOUR PRONOUN  | CED DEAD   |  |             |
|--|---|--|--|---|--|---|---|--|--|-------------|
| Type W   | ALTER   |  | R.   | LOM   | AS   |   | mber 15, 1  |  | 7:55                                       | P. M.       |
| ULL N  | CE IN BALTIMORE, NAME OF (IF  |  | AL OR INSTITU  | TION, GIVE STREET   | A. STPennsy  | ence (Where d   | eccosed lived. If in B. CC  | stitution: resid   | once before                                | odmission   |
| NSTITU   | UTION   |  |  |   | Hatbor   | ro  |   | V  | -35  |             |
| Ba]  | ltimore Cit   | ty Hospit  | als (DOA   | 4)  | D. STREET ADDI   | RESS (If rurol, g   |   |  |  |             |
| SEX  | 6. RAC  |  | 7. MARRIED,  | NEVER MARRIED   | 8. DATE OF BIRTI   |   | 9. AGE (In years  | If Under   | 1 Yr, If Un                                | der 24 Hrs  |
|  |   | nite   | Marr   | ivorCED (specify)   | Feb. 14,   |   | last birthday)<br>49  | Months, I  | Doys Hou                                   | rs Min.     |
| onade  | TONAUCICAL  |  |  | Gov't   | 700000000000000000000000000000000000000  | apton, N  |   | 12. CITIZE   | COUNTRY                                    | ?           |
|  | Walter M.   |  |  |   | (unk   | mown)   | McNally   |  |  |             |
|  | S DECEASED EVER<br>or unknown) (If yes,   |  |  | 16. SOCIAL<br>SECURITY NO.<br>UNKNOWN   | Grace H.   | Lomas 4   | 14 Corinth  | ADDRESS  | Hatb                                       | oro<br>enna |
| 18.7   | -2//  | CL.  |  | CAU   | SE OF DEATH  |   |   |  | INTERVAL                                   |             |
|  | DISEASES OR CO  | DENT CAUSE<br>NDITIONS, IF A   | S<br>ANY, GIVING   | (B).  | ***************************************  |   |   |  |  |             |
| ATION  | ANTECE DISEASES OR CO RISE TO THE ABOV UNDERLYING COI OTHER SIGNIFICAN  | DENT CAUSE NDITIONS, IF A TE CAUSE (A) S NDITION LAST.  II IT CONDITIONS   | S<br>ANY, GIVING<br>TATING THE<br>CONTRIBUTIN  | (C)   |  |   |   |  |  |             |
| FICATION   | ANTECE<br>DISEASES OR CO<br>RISE TO THE ABOV<br>UNDERLYING CO   | DENT CAUSE NDITIONS, IF A TE CAUSE (A) S NDITION LAST.  II IT CONDITIONS BUT NOT RE DITION CAUSING   | SANY, GIVING TATING THE CONTRIBUTION LATED TO THE STATE OF THE STATE O | (C)   |  |   | OB. IF YES, WERE IN CERTIFYING CAI  |  |  |             |
| AEDICAL CERTIFICATION  | ANTECE DISEASES OR CO RISE TO THE ABOV UNDERLYING CO  OTHER SIGNIFICAN TO THE DEATH DISEASE OR CONE A. DATE OF OPERA  A. EXTERNAY CAUS DERLYING OR CC   | DENT CAUSE NDITIONS, IF E CAUSE (A) S NDITION LAST.  II IT CONDITIONS BUT NOT RE DITION CAUSING TION 198. CON WAS PER SE WAS NTRIB- DEATH.   | CONTRIBUTING LATED TO THE SIT. HOITION FOR V FORMED  218. F home, etc.)  | (C)  IG HE  VHICH OPERATION  PLACE OF INJURY (e.g form, factory, sheet, Street  | No<br>office bldg. 21C. W<br>INJURY<br>620   | O ft. S.  | in Bultimore City, Middle Riv of Clover   | give exoct locate Road  Avenue   | otion) d = Es                              | 3-00        |
| MEDICAL CERTIFICATION  JUN 1990  AUTO 1990  MEDICAL CERTIFICATION  AUTO 1990  MEDICAL CERTIFICATION  | ANTECE DISEASES OR COO RISE TO THE ABOV UNDERLYING COI  OTHER SIGNIFICAN TO THE DEATH DISEASE OR CONE A. DATE OF OPERA  A. EXTERNAY CAUS LIGHT CAUSE OF COING CAUSE OF COING TIME (Month INJURY PPROX.) 9/15/6  | DENT CAUSE NDITIONS, IF A TE CAUSE (A) S NDITION LAST.  II CONDITIONS BUT NOT RE DITION CAUSING TION 198. CON WAS PER SE WAS INTRIB- DEATH.  | CONTRIBUTING LATED TO THE CONTRIBUTION LATED TO THE LATED | C)  | office bldg., INJURY 620   | vhere did (III occur?) Oft. S.  | in Bultimore City, Middle Riv of Clover   | give exoct look<br>ver Road<br>Avenue<br>oj. Pas:                        | otion) d = Es e senger                     | in          |
| MEDICAL CERTIFICATION  | ANTECE DISEASES OR CON RISE TO THE ABOV UNDERLYING CON OTHER SIGNIFICAN TO THE DEATH DISEASE OR CONE A. DATE OF OPERA  A. EXTERNAY CAUS DESTRICT OF CAUSE OF 1  I Certify tha   | DENT CAUSE NDITIONS, IF TE CAUSE (A) S NDITION LAST.  II IT CONDITIONS BUT NOT RE DITION CAUSING THOM 198. CON WAS PER SE WAS NTRIB- DEATH.  (Doy) (Yeo 7 7:1  | CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTION LATED TO THE GIT.  HOTTON FOR V HORMED  218. F home, etc.)  (Hour)  21  W  Inquiry  Later To The Market To  | C)  | No office bldg., INJURY 620  T WHILE X car work  | oft. S.  ow odd injur  r - invo   | in Baltimore City, Middle Riv of Clover of Clover Sub- lved in he   | give exect location of Avenue of Pas:                                    | orion) d - Es e senger collis              | in          |
| MEDICAL CERTIFICATION  JUN 1990  AUTO 1990  MEDICAL CERTIFICATION  AUTO 1990  MEDICAL CERTIFICATION  | ANTECE DISEASES OR CON RISE TO THE ABOV UNDERLYING CON OTHER SIGNIFICAN TO THE DEATH DISEASE OR CONE A. DATE OF OPERA  A. EXTERNAL CAUS DESTRUME (Month INJURY PPROX.) 9/15/6  I certify tha resulted from  | DENT CAUSE NDITIONS, IF TE CAUSE (A) S NDITION LAST.  II IT CONDITIONS BUT NOT RE DITION CAUSING THOM 198. CON WAS PER SE WAS NTRIB- DEATH.  (Doy) (Yeo 7 7:1  | CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTION LATED TO THE GIT.  HOTTON FOR V HORMED  218. F home, etc.)  (Hour)  21  W  Inquiry  Later To The Market To  | VHICH OPERATION  PLACE OF INJURY (e.g. form, foctory, street, Street  E. INJURY OCCURRET  WHILE AT NO ORK NO AT  Inspection X Suice | No prin or obout 21C. Working the Hamici CHIEF M   | where DID (III OCCUR? Oft. S. DW DID INJUI OF - invo  | in Baltimore City, Middle Riv of Clover of Clover of Clover av occur? Sub lved in he basis, death in adetermined manual MINER | give exect location of Avenue of Pas:                                    | otion) d - Es e senger collis              | in<br>ion.  |
| MEDICAL CERTIFICATION  JUN 1990  AUTO 1990  MEDICAL CERTIFICATION  AUTO 1990  MEDICAL CERTIFICATION  | ANTECE DISEASES OR CON RISE TO THE ABOV UNDERLYING CON OTHER SIGNIFICAN TO THE DEATH DISEASE OR CONE A. DATE OF OPERA  A. EXTERNAY CAUS DERLYING OR CO ING CAUSE OF I  TO THE CONE TO THE | DENT CAUSE NDITIONS, IF E CAUSE, IA S NDITION LAST.  II IT CONDITIONS BUT NOT RE DITION CAUSING THOM 198. CON WAS PER SE WAS INTRIB- DEATH.  I) (Doy) (Yeo  To T: 1  It I held an II m: Natural ca       | CONTRIBUTION LATED TO THE CONTRIBUTION LATED TO THE SIT. DITTON FOR V FORMED  218, F home, etc. 101 101 101 101 101 101 101 101 101 10   | CC  | No p, in or obout 21C. Working the Cartest Car | where DID (III OCCUR? Oft. S. DW DID INJUI OF - invo Of that on this de UI EDICAL EXA   | in Baltimore City, Middle Riv of Clover  Y OCCUR? Sub- lved in he basis, death in addressing Miner A                          | give exect look<br>ver Road<br>Avenue<br>oj. Pas<br>ead-on<br>my opinion | orion) d - Es e senger collis              | in ion.     |
| 1998<br>1998<br>217<br>217<br>217<br>227<br>227  | ANTECE DISEASES OR COO RISE TO THE ABOV UNDERLYING COI  OTHER SIGNIFICAN TO THE DEATH DISEASE OR CONE A. DATE OF OPERA  A. EXTERNAY CAUS DESTRUME (Month INJURY PPROX.) 9/15/6  I certify tha resulted fro  ACTUAL SIGNATURE EXAMINER'S NAME (Type) URIAL CREMATION   | DENT CAUSE NDITIONS, IF A TE CAUSE (A) S NDITION LAST.  II IT CONDITIONS BUT NOT RE DITION CAUSING THOM 198. CON WAS PER SE WAS NTRIB- DEATH.  I) (Doy) (Yeo To T 1 Theld an I m: Natural ca Werner      | CONTRIBUTION LATED TO THE  CONTRIBUTION LATED TO THE SIT.  IDITION FOR V IFORMED  218. F home, etc.)  129 P  | C)  | No p, in or obout 21C. Woffice bldg, INJURY 620  T WHILE X car work 1 car tide Hamici CHIEF MI ASSOCIATE M   | where DID (III OCCUR? Oft. S. DW DID INJUI OF - INVO Of that on this de Un EDICAL EXA EDICAL EXA EDICAL EXA   | in Baltimore City, Middle Riv of Clover by occur? Sub- lved in he basis, death in adetermined manual MINER AMINER             | give exect look<br>ver Road<br>Avenue<br>oj. Pas<br>ead-on<br>my opinlan | ontion)  d - Ese senger collis             | in ion.     |
| 194 VOICE 1940 VOICE 1 | ANTECE DISEASES OR CO RISE TO THE ABOV UNDERLYING COI  OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONE A. DATE OF OPERA  A. EXTERNAY CAUS OF INDERLYING COING CAUSE OF I  OTHER SIGNIFICANT OFFICE A. EXTERNAY CAUS OF INDERLYING COING CAUSE OF I  OTHER (Month INJURY 9/15/6  I certify that resulted from  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  | DENT CAUSE NDITIONS, IF A TE CAUSE (A) S NDITION LAST.  II IT CONDITIONS BUT NOT RE DITION CAUSING THOM 198. CON WAS PER SE WAS NTRIB- DEATH.  I) (Doy) (Yeo  To T: 1  I held an I m: Natural ca  Werner | CONTRIBUTION LATED TO THE CONTRIBUTION LATED | CC  | No p, in or obout 21C. Woffice bidg, INJURY 620  T WHILE X car work X  ide Hamici CHIEF M  ASSOCIATE M  Tor CREMATORY  | WHERE DID (III) OCCUR? Oft. S. OW DID INJUIT OF INVO OF THE TOTAL EXAMEDICAL | in Baltimore City, Middle Riv of Clover by occur? Sub- lved in he basis, death in adetermined manual MINER AMINER             | give exect look ver Road Avenue  oj. Pas ead-on  my opinian ner          | ounty)  ATH?  cotion)  Ese  Senger  collis | in<br>ion.  |

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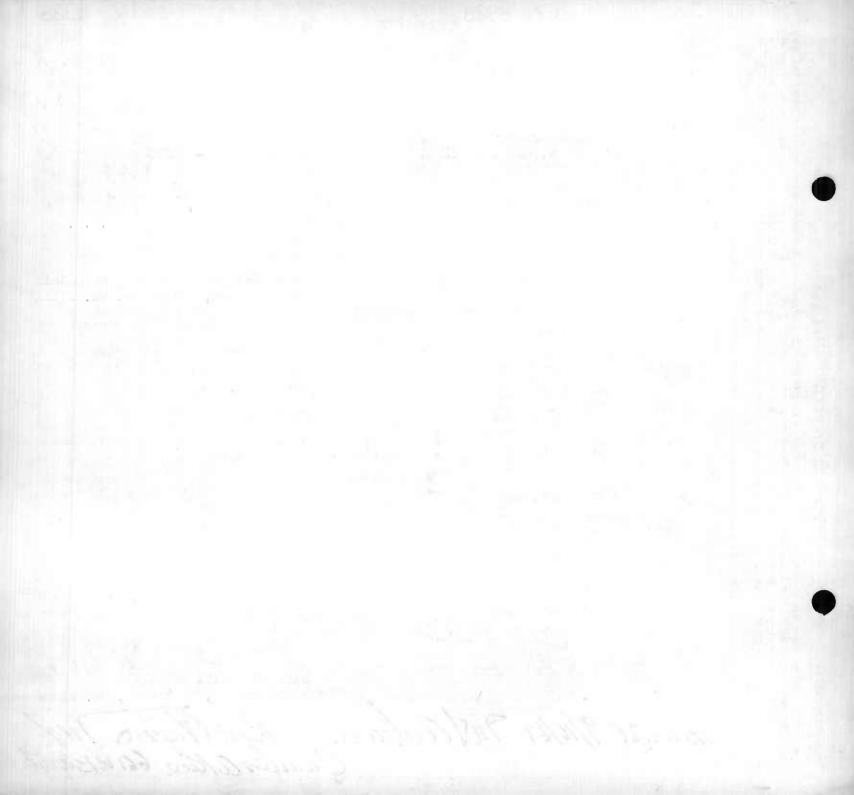
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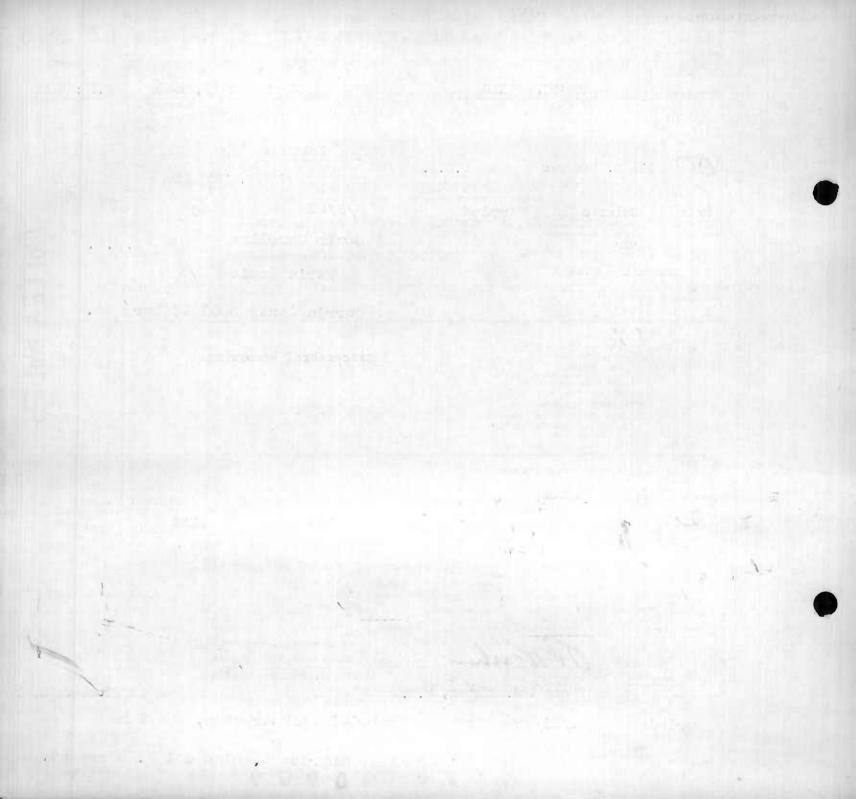
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TON YOUR CHIEF Bety Boy Williams Leve 2, Met 6 3/2 Repeated carehyresperatory arrived Levelle cenaller towithering a auding B Premoterity. Solue Haplins Fergion



67 8939 BALTIMORE CITY HEALTH DEPARTMENT

| IRTH NO.                            | MEDI   | CALEX                  | AMINER 3 CI                                     | EKTIFICA                                | IE OF D                    | EAIT Registe                          | ered No.   |
|-------------------------------------|--|------------------------|---|---|----------------------------|---------------------------------------|--|
| NAME OF DEC                         | EASED  |                        |   | -                                       | 2. DATE AND                | HOUR PRONOUNC                         | ED DEAD  |
| ype or Print)                       |  |                        |   |   |                            |                                       |  |
| PLACE IN BALT                       | IMORE MARYLAND, W  | HERE PRONOU            | INCED DEAD                                      | 4. USUAL RESID                          | Septemb<br>DENCE (Where de | er 1/, 196<br>ceosed lived. If inst   | 7 10:40 av   |
|                                     |  |                        |   | A. STATE                                | Maryl                      | B. COU                                | INTY   |
| LL NAME OF                          | ADDRESS OR LOCA  | AL OR INSTITU          | JTION, GIVE STREET                              | C. CITY OR TO                           | WN (If outside             | corporote limits, write               | RURAL ond give township)                                 |
| NOITUTITE                           |  |                        |   | De                                      | ltimore                    |                                       | 4-11   |
| 10 0                                | 24 S. Hanover  |                        | D.O.A.  | D. STREET ADD                           | RESS (If rurol, gi         | ve location)                          |  |
| ) 0,                                | 24 5. Hallovel   |                        | D.O.A.  |   | 724 E                      | . 20th Str                            | eet  |
| SEX                                 | 6. RACE  |                        | NEVER MARRIED<br>DIVORCED (specify)             | B. DATE OF BIRT                         | гн                         | 9. AGE (In years<br>lost birthdoy)    | If Under 1 Yr. If Under 24 H<br>Months, Doys, Hours, Min |
| Male                                | Colored  | Marr:                  |   | 3/5/22                                  | 3                          | 45                                    |  |
|                                     | JPATION (Give kind of worl                                   | TOB KIND OF            | BUSINESS OR INDUSTRY                            | }                                       |                            |                                       | 12. CITIZEN OF<br>WHAT COUNTRY?                          |
| Labo                                | rer  |                        |   |   | Carolin                    | na                                    | U.S.A.   |
| FATHER'S NAM                        |  |                        |   | 14. MOTHER'S M                          |                            |                                       |  |
|                                     | el Jones   |                        |   |   | rie Lewi                   | LS                                    |  |
|                                     | O EVER IN U.S. ARMED   |                        | 16. SO CIAL<br>SECURITY NO.                     | 17. INFORMANT                           |                            |                                       | ADDRESS  |
|                                     |  |                        |   | Carrie                                  | Jones                      | 3001 Sea                              | bury Rd.   |
| 18. 2 2                             | 1 V .  |                        | CAUSE   | OF DEATH                                |                            |                                       | INTERVAL BETWEE  |
| DISEASES<br>RISE TO TH              | OR CONDITIONS, IF A  | NY, GIVING             | (B)   |   |                            |                                       |  |
|                                     | NG CONDITION LAST.   |                        | (C)   | *************************************** |                            |                                       |  |
| TO THE                              | II  NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING | ATED TO T              |   |   |                            |                                       |  |
| 1-1-1                               | OPERATION 198, CON   |                        | WHICH OPERATION                                 | 20A. AUTOPS                             | AI N                       | B. IF YES, WERE FILL CERTIFYING CAUSE | NDINGS CONSIDERED<br>SES OF DEATH?                       |
| UNDERLYING UTING CAU                | CAUSE WAS<br>OR CONTRIB-<br>SE OF DEATH.                     | 21 B.<br>home<br>etc.) | PLACE OF INJURY (e.g., form, foctory, street, o | in or obout 21C.                        | WHERE DID (If              |                                       | ve exoct location)                                       |
| 21 D TIME<br>OF INJURY<br>(APPROX.) | (Month) (Doy) (Yeo   | V                      | VHILE AT NOT WORK                               | 21F. H                                  | OW DID INJUR               | Y OCCUR?                              |  |
| 22.                                 | tify that I held on 1  | nquiry 🗌               |   |   | nd that an this            | bosis, deoth in m                     | ny opinion   |
| resul                               | ted from: Natural co   | ses X A                | ccident Sulcide                                 | e Homic                                 | ide Un                     | determined mann                       | er 🗌   |
| ACTUAL                              |  | W-m                    | her M.D.  | ASSISTANT A                             |                            | MINER .                               | DATE SIGNED  |
| EXAMIN<br>NAME (                    | Type) Russe  | 11 S. F                | isher, M.D.                                     |   | MEDICAL EXA                |                                       | September 18, town, or county) (Stote)                   |
| MOVAL (Specify                      |  | 23                     | C, NAME OF CEMETERY O                           |   | 23 D. LO                   |                                       |  |
| Burial                              | 9/2]   | /67                    | Arbutus Men                                     | norial F                                | ark Arb                    | utus, Mai                             | ryland   |
| A. DATE REC'D                       | BY HEALTH DEPT.  |                        | OF REGISTRAR                                    | 24C. FUNE                               | RAL DIRECTOR               |                                       | ADDRESS  |
|                                     | SEP 19 1967  | Robert                 | E. Farley Ma                                    | Char                                    | les A.                     | Rice 661                              | W. Barre St.   |
| 151-REV. 1/1/                       | 65   | 1 9                    | 5 / 0 0   | 0 9                                     | 1 5 7                      |                                       |  |



BALTIMORE CITY HEALTH DEPARTMENT

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If Under 24 Hrs.

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Md. 21221

INTERVAL BETWEEN ONSET AND DEATH

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Westernport.

IMPORTANT DIRECTOR: FUNERAL

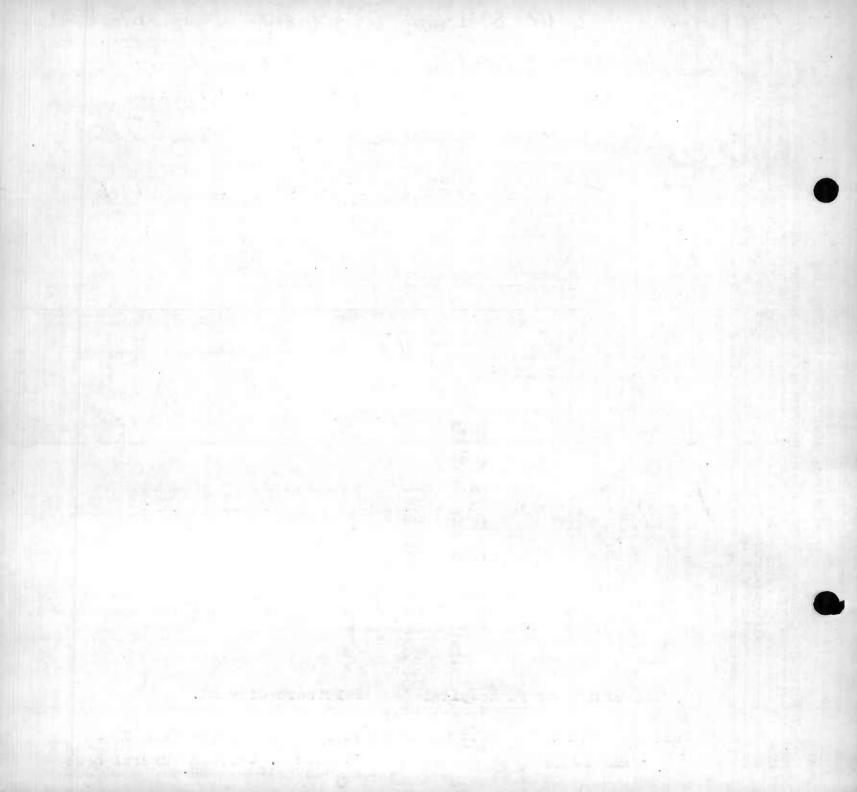
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Ju Y a 2--19 11 1 30 Sec. 21 10 Robert A. Reiter 606 Elmonden Mie 1826 1 3 Ef Brak ......

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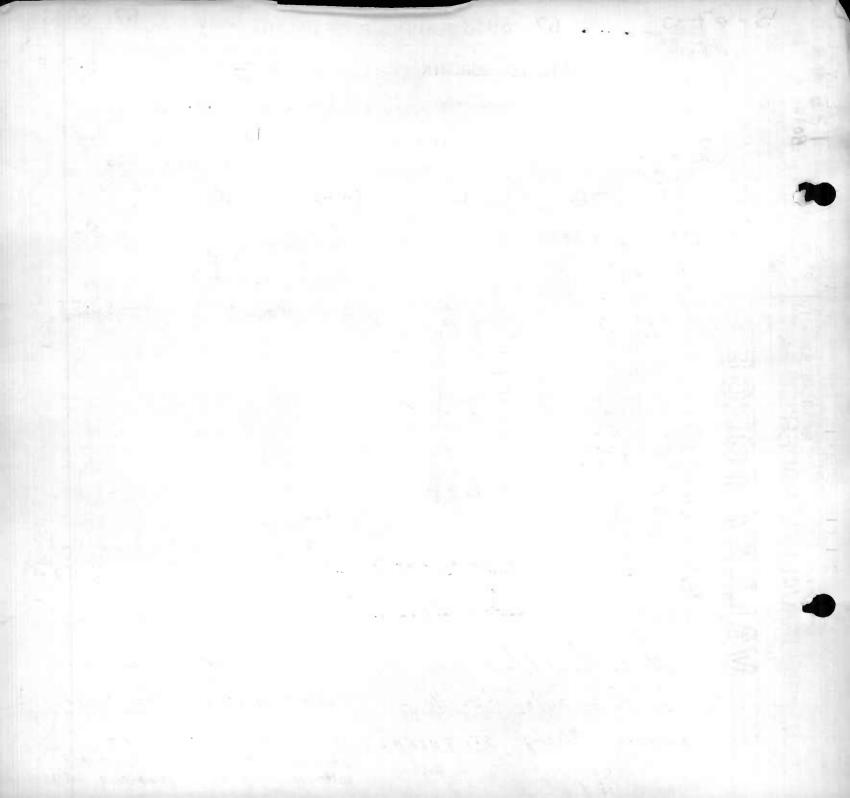


| 67   | 8949 BALTIMORE CIT          | Y HEALTH DEPARTMENT                                     |   | 00 00 10                               |
|--|-----------------------------|---|---|--|
| BIRTH NO.  | CERTIFICA                   | ATE OF DEATH  | Registered No                           | 6/ 8992                                |
| M.E. CASE NO.  1, NAME OF DECEASED   |                             | 2. DATE AND   | D HOUR OF DEATH                         |  |
| (Type or Print)  | 1 = 0 . / 0 0               | 1 9-  | 13.17                                   | 91.5                                   |
| 3. PLACE OF DEATH IN BALTIMORE MARYLA  | LEANDR                      | 4. USUAL RESIDENCE (Where                               | deceased lived. If instit               | ution; residence before admission)     |
|  |                             | A. STATE B. COUNT                                       |   | f >                                    |
| FULL NAME OF (If not in hospital or in   | stitution, give street      | MD  | salto, Co                               | 33-00                                  |
| HOSPITAL OR oddress or location)   |                             | C. CIPP OR TOWN (If outs                                | ide city limits, write RUI              | RAL and give township)                 |
| .4   | 1-1                         | buthern   | ille M                                  | ary/and                                |
| 71011 - M.   | wiel Was Tal                | D. STREET ADDRESS (If re                                | urol, give location)                    |  |
| The Ulman Men  | vector respective           | RT#194  | sen Sis                                 | in AUE                                 |
|  | AARRIED, NEVER MARRIED      |   | . AGE (In years                         | ( Under 1 Nr. , If Under 24 Hrs.       |
| F X  | WIDOWED, DIVORCED (specify) | 10.13.14  | ast birthdoy)                           | Norths Days Hours Min.                 |
| 10A, USUAL OCCUPATION (Give kind of work) 10B.   | KIND OF BUSINESS OF INDUSTR | Y 11. BIRTHPLACE (State or loreig                       | in country)                             | 12. CITIZEN OF                         |
| done during most of working life, even if retired)                                       | A                           | 410   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | WHAT COUNTRY?                          |
| Mousert be   | WW HOME                     | 140   |   | 1154                                   |
| 13. FATHER'S NAME  |                             | 14. MOTHER'S MAIDEN NAM                                 | NE .                                    |  |
| Morry Ledler   | 1                           | 100 Has   | Fuena                                   |  |
| 15. Wos Deceosed Ever in U. S. Armed Forces?   | 1 6. SOCIAL                 | 17. INFORMANT   | I WIGHT                                 | ADDRESS                                |
| (Yes, no or unknown) (Myes, give wor or dotes  | service) SECURITY NO.       | F. E.   | 1 Pa 1                                  |  |
| A/O N N/ONE  |                             | 11/00111  | X Kecera                                | 8                                      |
| 18. 5 11. 1  | CAUSE                       | OF DEATH //   |   | INTERVAL BETWEEN ONSET AND DEATH       |
| DISEASE OR CONDITION DIRECT  | LY                          | L   | 1-                                      | ONSEL AND DEATH                        |
| LEADING TO DEATH   | (A) Ac                      | ute & Clean   | ic colili                               | <                                      |
| (This does not mean the made of dyinheart failure, asthenio, etc. It means the           |                             |   |   | •••••••••••••••••••••••••••••••••••••• |
| injury or camplicolian which coused dea  |                             |   |   |  |
| ANTECEDENT CAUSES  | (B)                         |   |   |  |
| DISEASES OR CONDITIONS, if any,  | DUE TO                      |   |   |  |
| rise to the above couse (A) sta  |                             |   |   |  |
| UNDERLYING CONDITION last.   |                             |   |   |  |
|  |                             |   |   |  |
| OTHER SIGNIFICANT CONDITIONS CONT<br>TO THE DEATH BUT NOT RELATED                        |                             |   |   |  |
| DISEASE OR CONDITION CAUSING IT.   | TO THE                      |   |   |  |
| 19A. DATE OF OPERATION 19B. CONDITION  9.6.67  WAS PERFORM  21A. ACCIDENT WAS UNDERLYING | ON FOR WHICH OPERATION      | 20A. AUTOPSY? (Yes or No)                               | 208. IF YES, WERE FIN                   | DINGS CONSIDERED                       |
| 9.6.67 Acute A   | clarain inlike              | A   |   |  |
| OR CONTRIBUTING CALLS OF   | 21B PLACE OF INJURY (e.g.,  | in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? | (If in Boltimore C                      | ity, give exoct locotion)              |
| DEATH (notily medical examiner)  | elc.)                       |   |   |  |
| OF IN LIEY   | our) 21E, INJURY OCCURRED   | 21F. HOW DID INJU                                       | JRY OCCUR?                              |  |
| \$ 0,  | While At Not Wh             | ile 🗀   |   |  |
| (APPROX)   | Work At Work                |   |   |  |
| 22. I certify that (1) (this hospital) at  | tended the deceased from    | 7.241   | 9 /2 /10                                | 9.13 1967                              |
| that (I) (we) lost saw the deceased o  | ive on 9 . 1                | 3 19.6.7 ond the  | it in (mg) (our) opinio                 | on death occurred on the date          |
| ond haur ond from the couses stated  |                             |   |   |  |
| 23A. SIGNATURE   | 150 (1) (110) (110)         | view the body offer deom.                               | 12                                      | 3B, DATE SIGNED                        |
| 411  | M.D. AI                     | tending Med.  | Stoff TV                                |  |
| Teluse 1   | artin Ph                    | ys. Director  | Phys. L                                 | 9.13.67                                |
| 23C. PHYSICIAN'S   |                             | 23D. ADDRESS  | =1.05                                   |  |
| DR. FELIX J. MAR   | HIN M.D                     | THE UNION M   | EMORIAL HOS                             | SPITAL                                 |
| 24A. BURIAL CREMATION, 24B. DATE   | 24C. NAME of CEMETERY OF C  | REMATORY 24D. LC  | CATION (City,                           | town, or county) (State)               |
| BIDIAL (Specify)   | Sataur Porce                | story C   | Var / 1that                             | 11/10/1/1                              |
| 25A. DATE REC'D BY HEALTH DEPT. 25B  | NAME OF REGISTRAR           | 28C. FUNERAL DIRECTOR                                   | DEILUINER                               | ADDRESS                                |
| SEP 1 9 1967   | O B C Z                     | THE DIRECTOR  | 111-11                                  | - Tale - 7/1                           |
|  | West E MONKEUP              | of golden for   | una som                                 | e, jouospilla.                         |
| V\$ 150-REV. 1/1/65  | A 60.                       | -   | ,                                       |  |

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VS 150-REV, 1/1/65

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FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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| BIRTH N             | NO,<br>ASE NO.                                | 67  | 7 894             | 18 CERTIFICA                              | TE OF DEATH   | Registered Na.                         | 67 8                        | 3948                          |
|---------------------|---|---|-------------------|---|---|--|-----------------------------|-------------------------------|
|                     | E OF DECEAS                                   |   | 2                 | SANITA                                    | 2. DATE   | AND HOUR OF DEATH                      | 4 60                        | 7                             |
| 3. PLA              | CE OF DEATH                                   | IN BALTIMORE M                                    | ARYLAND           | GOVER                                     | 14. USUAL RESIDENCE (V                                  | pt. 17,196                             |                             | before odmission              |
| FULI                | L NAME OF                                     | (If not in hospital                               |                   | give street                               | maryano   | UNTY                                   | Balto                       | . Co.                         |
| INST                | ITUTION                                       |   |                   |   | Batimore  |  | KUKAL and give lov          | vnship)                       |
| - 1                 | www   | h Hona +  | Hapite            | 7   | D. STREET ADDRESS                                       | (If rurol, give location)              | 000                         | 9                             |
| C                   | 15  |   | 6.27              |   | 3331 Wi Now   | goy Rd M                               | 1,1100000                   | W.                            |
| 5. SEX              | mule  | Canania   | WIDOWE            |   | B. DATE OF BIRTH<br>5-10-84                             | 9. AGE (In years lost birthdoy)        | Months Doys                 | If Under 24 Hrs<br>Hours Min. |
|                     |   | TION (Give kind of working life, even if retired) | k 10B, KIND O     | F BUSINESS OR INDUSTRY                    | 11. BIRTHPLACE (State or f                              | oreign country)                        | 12. CITIZEN OF<br>WHAT COUL | NTRY?                         |
|                     | earnst  | ress  | seam              | etress                                    | SNITZERLA   |  | OFFA                        |                               |
| 13. FAT             | JOSEP   | ol BISE   | FR                |   | 14. MOTHER'S MAIDEN N                                   | _                                      |                             |                               |
| 15. Was<br>(Yes, no | or unknown) (If                               | er in U. S. Armed Fo<br>yes, give wor or do       | es of service)    | 16. SOCIAL<br>SECURITY NO.<br>05/-28-8219 | 17. INFORMANT HOS                                       | OITAL                                  | Reco                        | -/-                           |
| 18.                 | 526   | XI  |                   | CAUSE O                                   | FDEATH  |  | INTERVA<br>ONSET A          | L BETWEEN                     |
|                     |   | OR CONDITION D                                    |                   | 0   |   | Dialet 1                               |                             |                               |
| (Th                 |   | ADING TO DEATH<br>meon the mode o                 |                   | (A) DUE TO                                | Acti Morria   | 1 /2 /2 (                              | ung                         |                               |
| he                  | orl foilure, ost                              | henio, etc. It meon<br>tolian which couse         | s the diseose,    |   | . 0   | 0. 4                                   |                             |                               |
| ""                  |   | TECEDENT CAUSE                                    |                   | (B) Clu                                   | ome bron  | kiellun                                | -                           |                               |
| DI                  |   | CONDITIONS, if                                    |                   | DUE TO                                    |   |  |                             |                               |
| ris                 | e Io Ihe                                      | obove couse (A)                                   |                   |   |   |  |                             |                               |
| U                   | NDERLYING C                                   | ONDITION lost.                                    |                   |   |   |  |                             |                               |
| NOIT                | THE DEA                                       | ANT CONDITIONS THE BUT NOT REL NOTION CAUSING     | ATED TO TH        | G Pulmon                                  | my Con  | getin                                  |                             |                               |
|                     | DATE OF OF                                    | ERATION 198. CO                                   |                   | WHICH OPERATION                           | 20 A. QUTOPSY? (Yes or                                  | No. 208. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSID             | ERED                          |
| T OR                | A. ACCIDENT<br>CONTRIBUTION<br>ATH (notify me | WAS UNDERLYING                                    | 216<br>hor<br>etc | ne, farm, factory, street, ol             | n or obout 21 C. WHERE DID<br>ffice bldg., INJURY OCCUR | (If in Baltimor                        | e City, give exoct l        | ocation)                      |
| O 21 E              | D. TIME (A                                    | Nonth) (Doy) (Year                                | (Hour) 216        | INJURY OCCURRED                           | 21F. HOW DID  | INJURY OCCUR?                          |                             |                               |
| 2 .                 | PPROX.)                                       |   | WI                | nile At Not While                         | е   |  | . 1                         |                               |
| 22.                 | I certify the                                 | at (1) (this hasnite                              | 1) attended t     | the deceased from                         | 7/15  | 19 67 to                               | 2/17                        | 1967                          |
|                     |   | st saw the deceas                                 |                   | 0.1.1                                     | 19 6 7 and  | that in (my) (aur) opi                 | nian death accur            | red on the do                 |
|                     |   |   |                   |   | iew the bady after deat                                 |  |                             |                               |
|                     | SIGNATURE                                     | dil the cooses sit                                | irea above. (     | T) ("#) (did) (did ildi) V                | item file bady differ deal                              | 110                                    | 23 B. DATE SIGNE            | D                             |
|                     |   | Usua  | u/                | M.D. Atte                                 | ending Med. Director                                    | Stoff Phone                            | 9/1                         | 7/67                          |
| 230                 | .PHYSICIAN'S                                  |   | 8                 |   | 23D. ADDRESS  | Phys.                                  |                             | 107                           |
|                     | NAME (Type                                    | )   | ARE               | M.D.                                      | church 1  | Lunes +                                | Home                        | il                            |
| 24A. RI             | URIAL CREMA                                   |   |                   | AME of CEMETERY OF CRI                    |   | LOCATION AC                            | ity, town, or county)       | (State)                       |
|                     | EANOVAL (Spe                                  |   | - 1               | T   | 4   | 7/1.7/                                 | 7                           | NV                            |
| 254 5               | DURIA (                                       | 1-10  | 61 6              | ALC 0/                                    | TIGAVEM DIRECT  | Wes (ches                              | slen (o                     | RESS ,                        |
| 23A. D              | ATE REC'D BY                                  | EP 1 9 1967                                       | Robert            | of registrar<br>T.E. Jankey M.A.          | 25C. FUNERAL DIRECT                                     | 3 me Fai                               | 3802 HAN                    | tood 1                        |
| VS 150              | -REV. 1/1/65                                  |   | 7                 | U / W                                     | 0 7 0   | G.                                     |                             |                               |

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DIRECTOR:

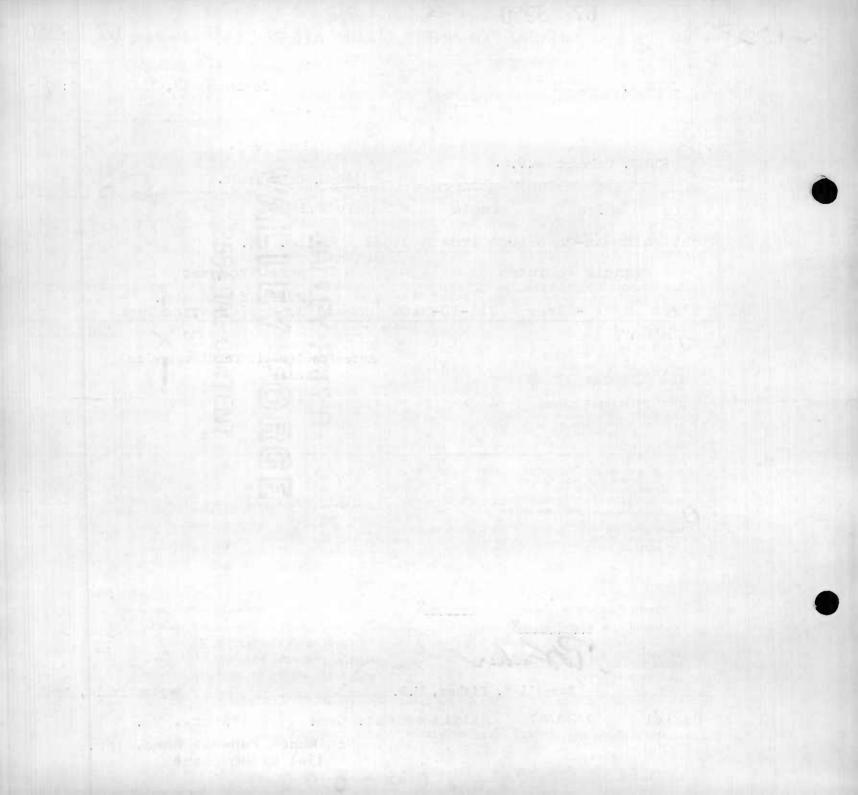
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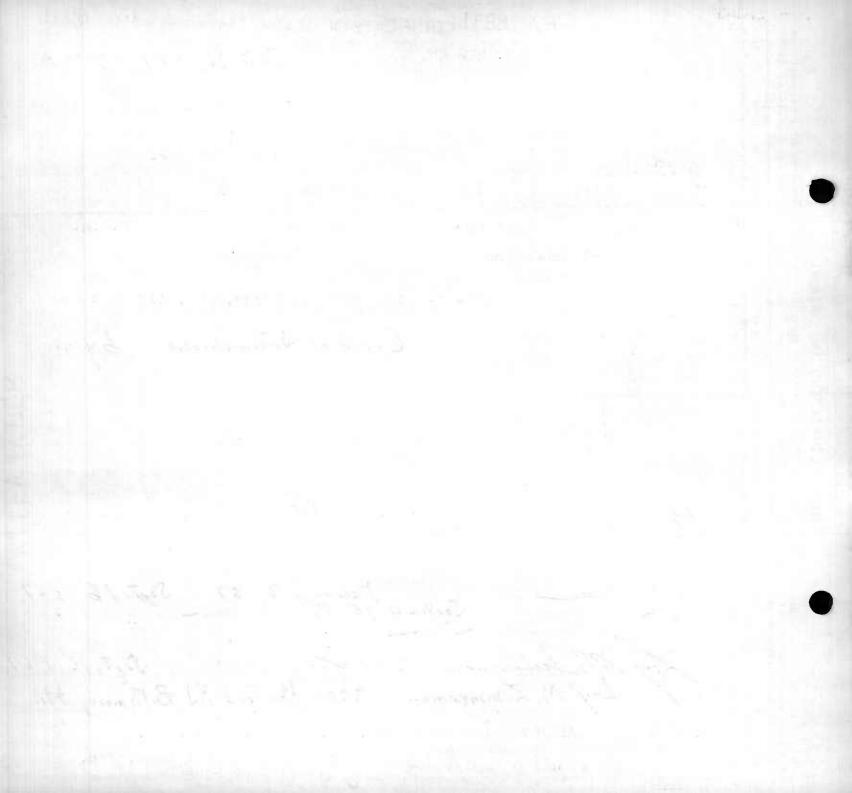
67. 8950 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8950

| M.E           | CASE NO.              |                                    |                     |           |  |   |   |               |  |                          |           |                 |
|---------------|-----------------------|------------------------------------|---------------------|-----------|--|---|---|---------------|--|--------------------------|-----------|-----------------|
| I. N          | AME OF DEC            | EASED                              |                     |           |  | 2. DATE AND HOUR PRONOUNCED DEAD  |   |               |  |                          |           |                 |
| 1,175         |                       | W. ROBI                            | NSON                |           |  |   |   | Se            | eptember 1   | 7. 1967                  | 1         | 2:40 0          |
| 3. P          |                       |                                    |                     | ERE PRON  | OUNCED DEAD                            | 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A, STATE |   |               |  |                          |           |                 |
| FU L          | L NAME OF             | (IF NOT IN                         | HOSPITA<br>OR LOCAT | L OR INST | ITUTION, GIVE STREET                   | Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)        |   |               |  |                          |           |                 |
| INST          | NOITUTIRAI            |                                    |                     |           |  |   | Do 1  | Itimore       |  |                          | 11        | -08             |
| 0             | 920 N. Calvert D.O.A. |                                    |                     |           |  |   | Baltimore D. STREET ADDRESS (If rurol, give locotion) |               |  |                          |           |                 |
|               |                       |                                    |                     |           |  |   |   | Calver        | t St.  |                          |           |                 |
| 5. \$1        | X                     | 6. RACE                            |                     |           | D, NEVER MARRIED D, DIVORCED (specify) | B. DATE   | OF BIRTH  |               | 9. AGE (In yellost birthdoy)   |                          |           | Under 24 Hrs.   |
|               | male                  | white                              |                     |           | ingle                                  | July  | , 2,  | 1883          | 84   |                          |           |                 |
|               |                       |                                    |                     |           | OF BUSINESS OR INDUSTR                 |   | PLACE (   | State or fore | gn country)  | 12. CITIZ                |           |                 |
| Ni            | aht Wa                | tchman-                            | -Camb               | rida      | e Iron & Ste                           | e1  | Bal   | to. M         | d.   | WHA                      | AT COUNT  | RY?             |
|               | ATHER'S NAM           |                                    | -                   |           |  |   |   | AIDEN NAM     |  |                          |           |                 |
|               | F                     | rancis                             | Robi                | nson      |  |   |   | Anna          | Trogeser   |                          |           |                 |
| 15 0          |                       | D EVER IN U.S.                     |                     |           | 16, SO CIAL                            | 17. INFOR   |   | IIIIII        | riogeser   | ADDRES                   | c         |                 |
|               |                       | (If yes, give wo                   |                     |           |  | 17. HAT OK  | W. OIT  | 2983          | Erdman A   | ve.                      | •         |                 |
|               | yes                   | WW 1 -                             | - Arm               | У         | 218-10-5166                            | Howa  | ard .   | J. Ro         | binson,  | nephew                   |           |                 |
|               | B. // > =             | 1                                  |                     |           | CAUS                                   | E OF DEA  | TH  |               |  |                          |           | L BETWEEN       |
|               | 400                   |                                    | TION                |           |  |   |   |               |  |                          | ONSET A   | AND DEATH       |
|               | DISEA                 | LEADING TO                         | DEATH               | ECILY     |  | Artei   | riner   | laroti        | c Cardiova   | ecular                   |           |                 |
|               | (This does n          | ot meon the                        | mode of             | dying, e. | DUE TO                                 |   |   |               | c dararove   | i de di di               |           |                 |
|               | injury or cor         | osthenio, etc.<br>nplication which | coused de           | eoth.)    | 20                                     |   | DIS   | ease          |  |                          |           |                 |
|               |                       | NECEDENE                           | CALLES              |           |  |   |   |               |  |                          |           |                 |
|               |                       | OR CONDITIO                        |                     | IV CIVINI | (B)                                    |   |   |               |  |                          |           |                 |
|               | RISE TO TH            | E ABOVE CAUS                       | SE (A) STA          |           |  |   |   |               |  |                          |           |                 |
| 7             | UNDERLYIN             | IG CONDITIO                        | N LAST.             |           | (C)                                    |   |   |               |  |                          |           |                 |
| Ö.            |                       | 11                                 |                     |           |  |   |   |               |  |                          |           |                 |
| AT            | OTHER SIGI            | II<br>NIFICANT CON                 | DITIONS C           | ONTRIBU   | TING                                   |   |   |               |  |                          |           |                 |
| 은             | TO THE                | DEATH BUT                          | NOT REL             | ATED TO   |  |   |   |               |  |                          |           |                 |
| CERTIFICATION | 19A. DATE OF          | OPERATION 1                        |                     |           | R WHICH OPERATION                      | 20A A   | LITOPSY?  | Yes or No     | ) 208, IF YES, WER   | F FINDINGS (             | ON SIDERE | D               |
| 2             |                       |                                    | WAS PERF            |           | a will of the control                  | 20711   |   | (103 01 110   | IN CERTIFYING C  |                          |           |                 |
| A             | 21 A. EXTERNA         | L CAUSE WAS                        |                     | 21        | B. PLACE OF INJURY (e.g.,              | in or ohou  | NO W  | HERE DID      | (If in Baltimore City  | , give exect !           | ocation)  |                 |
| U             | UNDERLYING            | OR CONTRIB-                        |                     | ho        | me, form, foctory, street,             | office bldg-  | INJURY  | OCCUR?        | a in sommore City  | , give exoci i           | OCOHOH)   |                 |
| 9             | O ING - CAU           | SE OF DEATH.                       |                     | GIG       | ***                                    |   |   |               |  |                          |           |                 |
|               | 21 D TIME             | (Month) (Do                        | y) (Yeor)           | (Hour)    | 21 E. INJURY OCCURRED                  |   | 21 F. HO  | W DID IN      | URY OCCUR?   |                          |           |                 |
|               | (APPROX.)             |                                    |                     |           | WHILE AT NOT                           | WHILE   |   |               |  |                          |           |                 |
|               | 22.                   |                                    |                     |           |  | VORK  |   |               |  |                          |           |                 |
|               | I cert                | ify that I held                    | dan In              | quiry 💹   | Inspection X Au                        | tapsy   | and   | that an t     | nis basis, death i   | in my apinla             | in        |                 |
|               | resul                 | ted from: Nat                      | tural cau           | ses X     | Accident Suicio                        | le 🗌  | Hamleid   | de 🗌          | Undetermined mo  | anner 🗌                  |           |                 |
|               |                       |                                    | 7.                  | /         | 2                                      | CH  | HEF ME  | EDICAL E      | XAMINER X  |                          |           |                 |
|               | ACTUAL                |                                    | MX-                 | -1V       | 20/                                    |   |   |               | XAMINER -  |                          | DATE      | SIGNED          |
|               | SIGNAT                |                                    | NU                  | ·vin      | М. Г                                   |   |   |               | Prompt of the Pr |                          |           |                 |
|               | HAME (                |                                    | Pugge               | 11 0      | Edoham M.D.                            | ASSOCI  | AIEMI   | EDICAL        | XAMINER  | 2 4 1                    | 10        | 1067            |
| 23A.          | BURIAL CRE            |                                    | DATE                | II D.     | Fisher, M.D.                           | or CREMAT   | TORY  | 23 D.         |  | September City, town, or |           | 1967<br>(Stote) |
|               | OVAL (Specify         | 1)                                 |                     | 7         |  |   |   |               |  |                          |           |                 |
|               | Burial                |                                    | 20/6                |           | Baltimore N                            |   |   |               | altimore   |                          |           |                 |
| 24A           | DATE REC'D            | BY HEALTH DE                       | EPT.                | 248. NAN  | E OF REGISTRAR                         | 24C.  | EUNERA  | L DIRECTO     | Funeral H  | Tome                     | Inc.      |                 |
|               |                       | SED 10                             | 1067                | 00        | AC IND                                 |   |   |               | ehms Land  |                          | 1110.     |                 |
| 100           | 1 P1 PP1              | SEL 13                             | 196/                | 11/10     | J. C. Markey Ph                        |   | 33.   | OT DI         | emms Lam   | 5                        |           |                 |
| V 2           | 151-REV. 1/1/         | 60                                 |                     | 4 73      | 1 1 1 1 1                              | 1 6   | ()  | 1             |  |                          |           | 1               |



VS 150-REV, 1/1/65



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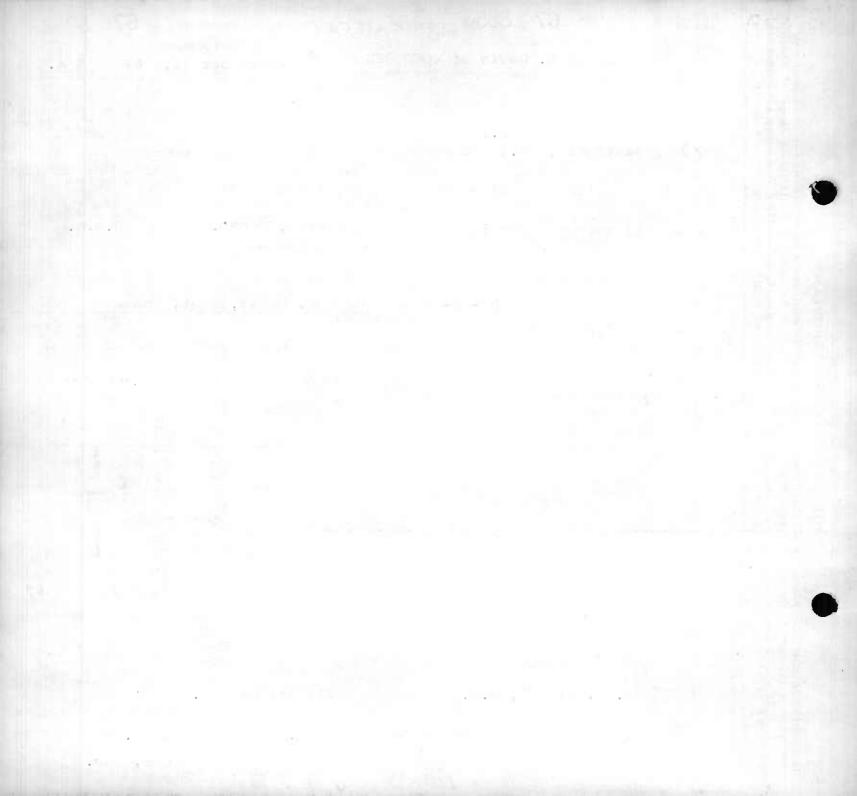
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT 8952 CERTIFICATE OF DEATH Registered No. RESIDENCE (Where deceased lived If institution; residence before admission C. CITY OR TOWN (If outside city limits, write RURAL and give township) 2223 Chesterfield Ave. If Under 1 Yr. If Un If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? 4 Ruxton Ridge Garth, 21204 Edward E. Eyring, Sr. INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that indmy) (our) opinion death occurred on the date 23 B. DATE SIGNED Schimunek Funeral Home, Inc. 3331 Brehms Lane VS 150-REV. 1/1/65

MADIE ANDERSONE PROPERTY SHOW ARTER SECEPT OF HERETON a sacre MOTION ATTORES MERCY DESIGN DESIGNATION

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/65

| BIRTH NO.   | 67 8954   | CERTIFICA                                     | TE OF DEATH  | Registered Na.                     | 67 8954   |
|---|---|---|--|------------------------------------|---|
| M.E. CASE NO.  1. NAME OF DECEASED  (Type OHARNER   | HALLIE  | LEE   |  | ND HOUR OF DEATH                   | 7 12:40A  |
| FULL NAME OF HOSPITAL OR INSTITUTION ST A   | hospitol or institution, give striction of the striction | L   | A. STATE MARYLAND  C. CITY OR TOWN (If o             | Baltimore                          | stitution; residence before admissions:                       |
| FEMALE WHITE  | 7. MARRIED, NEVE<br>WIDOWED, DIV  |   | 8. DATE OF BIRTH  1/21/99                            | 9. AGE (In years<br>lost birthday) | If Under 1 Yr. If Under 24 Hr<br>Months Doys Hours Min.       |
| ida, Usual Occupation (Give kindone dyung mad of warting lile, even in  | od of work 108, KIND OF BUSIN<br>NONE   | NESS OR INDUSTRY                              | WEST VIRGI   |                                    | 12. CITIZEN OF WHAT COUNTRY?                                  |
| 3. FATHERS NAME Thornton F. Mar   | ·tin  |   | 14. MOTHER'S MAIDEN NA Mary ?                        | AME                                |   |
| 15. Was Deceased Ever in U.S. A<br>(Yes, no ar unknown) (If yes, give was<br>No   | r or dates of service) SE   | OCIAL<br>ECURITY NO.                          | ST AGNES AD  | MIS. SLIP                          | ADDRESS   |
| OTHER SIGNIFICANT CONDITION  OTHER DEATH BUT NO DISEASES OR CONDITION  III  OTHER SIGNIFICANT CONDITION  OTHER DEATH BUT NO DISEASE OR CONDITION CA | CAUSES  IS, if any, giving the last,  TIONS CONTRIBUTING OF RELATED TO THE  | DUE TO  |  |                                    |   |
| 19A. DATE OF OPERATION 1  | PR. CONDITION FOR WHICH<br>AS PERFORMED   | OPERATION                                     | 20 A. AUTOPSY? (Yes or N                             | 101 20B. IF YES, WERE              | FINDINGS CONSIDERED USES OF DEATH?                            |
| OR CONTRIBUTING CAUSE DEATH (notify medical examina   | OF home, form   | E OF INJURY (e.g., i<br>n, factory, street, a | n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? | (If in Boltimor                    | e City, give exact lacotion)                                  |
| 21 D. TIME (Month) (Doy) OF INJURY (APPROX.)  | (Yeor) (Hour) 21 E. INJU<br>While At<br>Work  | RY OCCURRED  Not While At Work                |  | JURY OCCUR?                        |   |
| 22. I certify that (1) (this I that (1) (we) last saw the and haur and from the cause   | deceased alive on S   | EPT 1   | SEPT 15<br>8 19 67 and t                             | hat in(My) (aur) apl               | PT 18 19 6  |
| 23A. SIGNATURE  23C. PHYSICIAN S  NAME (Type)  GEORGE   | ye Duy  | M.D. Atte                                     | ending Med.  | Stoff Phys.                        | 9/18/67  & CATON BALTO  |
| 24A. BURIAL CREMATION, 24B. I<br>REMOVAL (Specily) 9/<br>Burial 25A. DATE REC'D BY HEALTH DE  | 20/67   24C. NAME • 20/67   Oak La  | CEMETERY of CR                                | EMATORY 24D,   | LOCATION (C                        | MD 21229 ity, town, or county) (Stote)  Ltimore, Md.  ADDRESS |
| SEP 19  | 967 Robert, E.  | Janke MA                                      | John J. Duda   | 7922 Wise                          | Ave. Dundalk, Md.   |

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ST AGHES ADMIS, SLIP

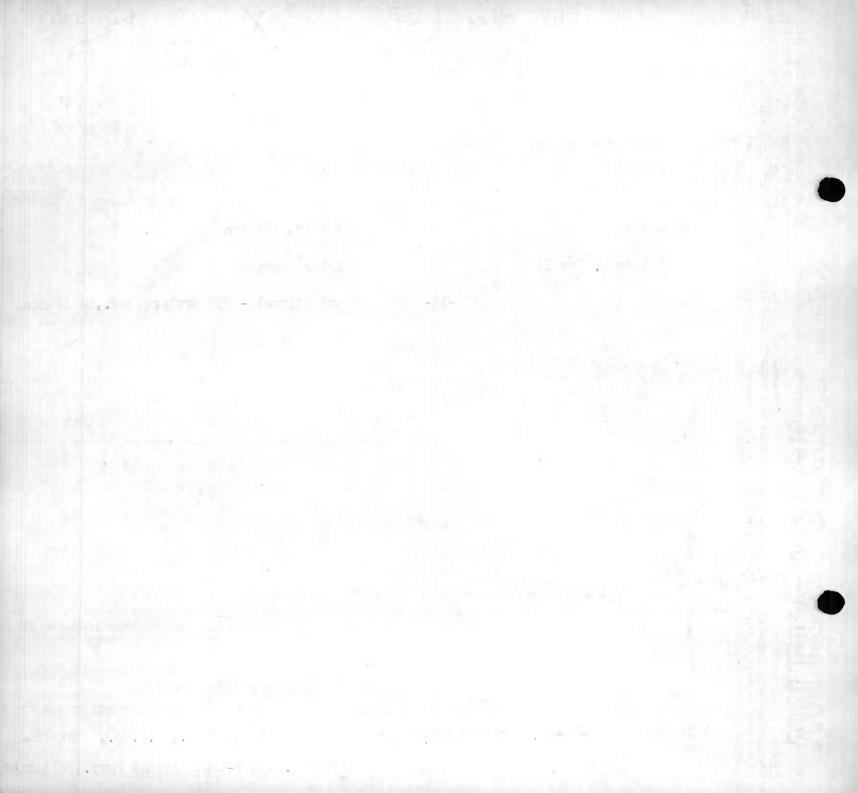
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|   | 67   | 7 89              | BALTIMORE CITY                                    | Y HEALTH DEPARTMENT           | V Bulling IN.                            | 67 8955   |
|---|--|-------------------|---|-------------------------------|--|---|
| M.E. CASE NO.                           |  | 00.               | CERTIFICA   | TE OF DEATH                   | Registered No                            | UI COOO   |
| NAME OF DE                              | CEASED<br>STIMMEL  | AM                |   | 2. DATE                       | 9/13/67                                  | J.20 A  |
|   | EATH IN BALTIMORE, MA  |                   |   |                               |  | stitution: residence before odmissio                    |
| FULL NAME<br>HOSPITAL OR<br>INSTITUTION |  |                   | give sheet  | A. STATE B. COL               |  | Q, Q, Co .  URAL ond give township)                     |
| 600                                     | ERAN HO  | SPIT              | AL  | BALTIMOR<br>D. STREET ADDRESS |  | 32-00   |
| LUIN                                    |  |                   |   | 330 ORCH                      | ARD AVE.                                 |   |
| SEX                                     | 6- RACE  | WIDOWE            | D, DIVORCED (specify)  ARRIEL                     | B. DATE OF BIRTH 9-14-95      | 9. AGE (In years last birthday) 7/ y R 5 | If Under 1 Yı. If Under 24 H<br>Month's Doys Hours Min. |
|   | CUPATION (Give kind of world working life, even if retired)        |                   |   | 11. BIRTHPLACE (Stote or fo   | preign country)                          | 12. CITIZEN OF<br>WHAT COUNTRY?                         |
| House                                   |  |                   | -   | Mobile, Al                    | ahama                                    | U5 A-   |
| 3. FATHER'S NA                          |  |                   |   | 14. MOTHER'S MAIDEN N         | AME                                      |   |
| TAT4 T                                  | lliam H. Tuttl   |                   |   | Tullia Chan                   |  |   |
| . Wos Deceose                           | d Ever in U. S. Armed For  | rces?             | 1 6. SOCIAL                                       | Julia Chay                    | /a.ii2                                   | ADDRESS   |
| No No                                   | vn) (If yes, give wor or dote                                      | es of service)    | SECURITY NO.                                      | T2                            | 3 000 0                                  |   |
| 18. CA 9                                | D 1.   |                   | 277-12-0837                                       | Edward Stimme                 | 1 - 330 Orcha                            | INTERVAL BETWEEN  |
| 7 34                                    | ASE OR CONDITION DI  | PECTLY            |   |                               |  | ONSET AND DEATH   |
| DISE                                    | LEADING TO DEATH   | NEC IEI           | WYEN  | TRICULAR FII                  | BRILLATION                               | MINUTES   |
|   | nol mean the mode of   |                   |   |                               |  |   |
|   | , asthenia, etc. If meons<br>implication which caused              |                   |   |                               |  |   |
|   | ANTECEDENT CAUSES  |                   | (B) MYO   | CARDIAL IN                    | 1 FAISCIION                              | DAYS  |
| DISEASES                                | OR CONDITIONS, if  | ony, giving       |   |                               |  |   |
| rise lo l                               | he above couse (A)   |                   |   | CVV                           | >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>   | YEARS   |
| UNDEKLTIN                               | IG CONDITION last.   |                   |   |                               |  |   |
| TO THE                                  | II  NIFICANT CONDITIONS C  DEATH BUT NOT RELA  R CONDITION CAUSING | ATED TO TH        |   |                               |  |   |
|   |  | DITION FOR        | WHICH OPERATION                                   | 20 A. AUTOPSY? (Yes or        | No. 208. IF YES, WERE F                  | INDINGS CONSIDERED USES OF DEATH?                       |
| OR CONTRI                               | ENT WAS UNDERLYING DAUSE OF fy medical examiner                    | 211<br>hor<br>etc | me, form, foctory, street, o                      | in or obout 21C. WHERE DID    | (If in Boltimore                         | City, give exact locotion)                              |
| 21D. TIME<br>OF INJURY<br>(APPROX.)     | (Month) (Doy) (Yeor)   | wi                | L INJURY OCCURRED  hile At  Not Whi  ork  At Work |                               | NJURY OCCUR?                             |   |
| 22, I certif                            | y that (1) (this hospita   | l) ottended t     | the deceased from                                 | 8/17                          | 1967 to 9                                | 13 19 67  |
| that (1) (we                            | ) lost saw the deceose   | ed olive on       | 9/13  |                               | that in (my) (our) opin                  | nion death occurred on the d                            |
|   |  | ted obove.        | (I) (We) (did) (did not)                          | view the body ofter deotl     | h.                                       | Toos DATE SIGNED  |
| 23A. SIGNAT                             | + Dun  |                   | M.D. At   | lending Med.                  | Stoff V                                  | 23B. DATE SIGNED  |
| 22.6 61/44.6                            | V 400.F  |                   | Phy   | ys. Director                  | Stoff Phys.                              |   |
| 23 C. PHYSICI                           | (Type)   | IE O A            | 1   | LUTHER                        | AN HOSPIS                                | TAL   |
|   | RNANDO QI  |                   |   |                               |  |   |
| 4A. BURIAL CR                           | (Specify)  | 24C. N            | AME of CEMETERY of CR                             | EMAIORY 24D.                  | LOCATION (Ci                             | y, town, or county) (State                              |
| Buria                                   |  |                   | ly Cross Cemet                                    |                               | tchie Hgwy.,                             | A.A.Co., Maryla:  |
| SA. DATE REC'                           | D BY HEALTH DEPT.  | 25B. NAME         | OF REGISTRAR                                      | 2SC. FUNERAL DIRECT           | OR                                       |   |
| S                                       | EP 19 1967 (R  | 10. 5             | tarkethan,  | George J? G                   | Shce-4001 Rit                            | chie Hgwy. Baltin                                       |
| S 150-REV. 1/1                          | /65  |                   | 7   | U T                           | 1  |   |



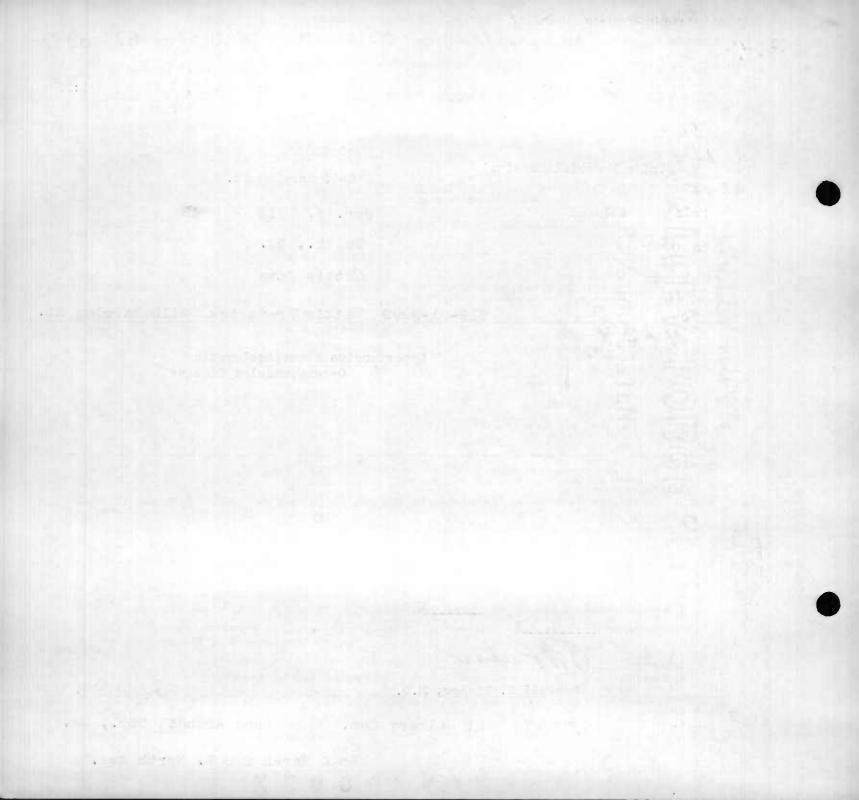
VS 150-REV. 1/1/65

Personal State Programmed and Services and S

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|    |      |                            | OF COOF. BALLMORE CIT HEALTH DELARIMENT                |      |
|----|------|----------------------------|--|------|
| n- | 2.54 | BIRTH NO.<br>M.E. CASE NO. | MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. | 8957 |
|    | C    | M.E. CASE NO.              |  |      |
|    |      | I MANAE OF DECENCED        | A DATE AND HOUR RECONOUNICED DEAD                      |      |

| M.E. CASE NO.                               |   |   |   |                                       |                |                                    |                       |   |
|---|---|---|---|---------------------------------------|----------------|------------------------------------|-----------------------|---|
| 1. NAME OF DE                               | CEASED  |   |   |                                       | 2. DATE AND    | HOUR PRONOUNC                      | ED DEAD               |   |
|   | ARD Mc CONNE  |   |   |                                       | Septe          | mber 17, 19                        | 967                   | 1:55 pm                                   |
| 3. PLACE IN BAL                             | TIMORE, MARYLAND,   |   |   | 4. USUAL RESID<br>A. STATE<br>Mary    |                | eceased lived. If inst<br>B. COU   | itutian: resi<br>JNTY | dence befare admissiar                    |
| FULL NAME OF<br>HOSPITAL OR<br>INSTITUTION  | ADDRESS OR LO   | PITAL OR INSTIT                               | UTION, GIVE STREET                                  | C. CITY OR TO                         | NN (If autside | carparote limits, write            | RURAL                 | nd give township)                         |
| 44  |   |   |   | Baltimo                               |                |                                    | -                     | 10)                                       |
| Un  | ion Memorial  | Hospita                                       | 1   | D. STREET ADD                         | Barclay        |                                    |                       |   |
| 5. SEX                                      | 6. RACE   |   | NEVER MARRIED<br>DIVORCED (specify)                 | B. DATE OF BIRT                       |                | 9. AGE (In years<br>lost birthday) | If Unde<br>Months     | T Yr. If Under 24 Hrs.<br>Days Haurs Min. |
| Male  | Colored   | 18.0B WALE 6                                  |   | Nov. 5,                               | 1918           | 48                                 | 10 000                |   |
|   | warking life, even il retire  |   | F BUSINESS OR INDUSTR                               | Balto.                                | , Md.          | country)                           | 12. CITIZ<br>WHA      | AT COUNTRY?                               |
|   |   |   |   | Mattie                                | Torre          |                                    |                       |   |
| Unknown                                     | TED EVER IN U.S. ARM  | ED FORCES?                                    | 116. SO CIAL  | 17. INFORMANT                         | TOAR           |                                    | ADDRES                | ς   |
|   | (If yes, give wor or d  |   | SECURITY NO.  |                                       |                |                                    |                       |   |
| No  |   |   | 219-01-9290   | Mattie                                | Frede          | rick 241                           | L5 Ba                 | rclay St.                                 |
| (This does<br>heart failure<br>injury ar ca | I SE OR CONDITION LEADING TO DEA not mean the mode c, asthenia, etc. It mer implication which cause | TH of dying, e.g., ans the disease, d death.) |   | tensive Ar<br>Cardi                   |                | lerotic<br>ar Disease              | ***********           | INTERVAL BETWEEN ONSET AND DEATH          |
| RISE TO TH                                  | OR CONDITIONS, IF<br>HE ABOVE CAUSE (A)<br>NG CONDITION LAS   | STATING THE                                   | DUE TO  |                                       |                |                                    |                       |   |
|   |   |   | (C)   | ••••                                  |                |                                    |                       |   |
| O THE                                       | II SNIFICANT CONDITION DEATH BUT NOT DR CONDITION CAUSI   | RELATED TO                                    |   |                                       |                |                                    |                       |   |
| 19A. DATE O                                 | F OPERATION 198. C  | ERFORMED                                      | WHICH OPERATION                                     | 20A. AUTOPSY<br>NO                    |                | OB. IF YES, WERE FI                |                       |   |
| O UNDERLYING                                | L CAUSE WAS OR CONTRIB- USE OF DEATH.   |   | PLACE OF INJURY (e.g.,<br>e, farm, factory, street, |                                       |                | f in Baltimore City, gi            | ve exoct l            | ocatian)                                  |
| 21D TIME<br>OF INJURY<br>(APPROX.)          | (Manth) (Day) (Y  |   | WHILE AT NOT NOT NOT AT V                           | WHILE WORK                            | OM DID IN10    | RY OCCUR?                          |                       |   |
| 22. I cer                                   | rtify that I held an  |   | . 10  |                                       | d that an this | basis, death in n                  | ny opinia             | n   |
| resu  | Ited fram: Natural  | causes  | Accident Suicio                                     | de Hamici                             | de 🗌 U         | ndetermined mann                   |                       |   |
| ACTUA<br>SIGNAT<br>EXAMI                    | URE V   | Herst   | Cer M. C  | CHIEF M<br>ASSISTANT M<br>ASSOCIATE M |                | AMINER .                           |                       | DATE SIGNED                               |
| NAME (                                      |   |   | Fisher, M.D.  |                                       |                |                                    |                       | er 18, 1967                               |
| 23A. BURIAL CRE<br>REMOVAL (Specif          | fy)   |   | C. NAME of CEMETERY                                 |                                       |                |                                    | , town, ar            | 20.0                                      |
| Burial                                      | 9/21  |   | Mt Calvary  |                                       |                | ne Arunde                          |                       |   |
| 24A. DATE REC'D                             | BY HEALTH DEPT.   | 248. NAME                                     | OF REGISTRAR  |                                       | March          | 928 E. No:                         |                       | ADDRESS                                   |
| VS 151-REV. 1/1.                            | /65   | Walley Co.                                    | C. COURT TO   | 0 0 0                                 | 9 9            |                                    |                       |   |



| RI D1    | rh No. 67. 8  | 458   | HEALTH DEPARTMENT                                | Registered Na.                          | 67 8958  |
|----------|---|---|--|---|--|
| M.1      | E. CASE NO.<br>IAME OF DECEASED   | CERTIFICA   | TE OF DEATH                                      | ID HOUR OF DEATH                        |  |
|          | CLINTON, JOHN   | HENRY   |  | 5-67                                    | 15:30PM M.   |
| 3. 1     | PLACE OF DEATH IN BALTIMORE, MARYLAND   |   | 4. USUAL RESIDENCE (Whe                          | re deceased lived, If in                | nstitution: residence before admission)                |
|          | FULL NAME OF (If not in hospital or instituted and oddress or location)                                   | tion, give street   | MARYLAND   | Bal                                     | timore C   |
| 1 \$     | T. AGNES HOSPITAL   |   | REISTERSTON                                      | tside city limits, write                | RURAL ond give township)                               |
| 40 W     | ILKENS & CATON AVES.  |   |  | rurol, give location)                   |  |
|          | ALTIMORE, MD. 21229   |   |  | OX 145 A                                |  |
|          | WIDO  | ARRIED  | 3-1-1902   | 9. AGE (In years lost birthday) 65      | If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. |
| don      | e during most of working life, even if retired)   | laborer   | PENNSYLVAN                                       | NIA                                     | WHAT COUNTRY?  |
| 2        | JOHN CLINTON  |   | BARBARA BERI                                     |   |  |
|          | Was Deceased Ever in U. S. Armed Forces?  | 1 6. SOCIAL   | 17. INFOWTILENS &                                |   | EC DAPPHIS MD  |
| ,        | s, no or unknown) (Iff yes, give wor or dotes of serv   | 216 28 25   | 42 ST. AGNES                                     | SHOSPITAL                               | RECORDS 21229  |
| - 2      | 18. / 6 2 / 1   | . CAUSE OF  |  |   | INTERVAL BETWEEN ONSET AND DEATH                       |
| 3        | DISEASE OF CONDITION DIRECTLY   |   | 3 moles a.                                       | CA                                      | 1 Min  |
|          | (This does not mean the mode of dying,  | v.g.,   | Broncherge                                       | *************************************** | ······································                 |
| 3        | heart failure, asthenia, etc. It means the dise<br>injury or complication which coused death.)            | 2058,   |  |   | •  |
| b        | ANTECEDENT CAUSES   | DUE TO  | ***************************************          | ***********************                 | *********  |
| TON      | DISEASES OR CONDITIONS, if ony, gi  | The (C)   |  |   | 5- 00-00-00 + + + + + + + + + + + + + + +              |
|          | UNDERLYING CONDITION lost.  |   |  |   |  |
| ATION    | OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. |   |  |   |  |
| RTIFICA  | 19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED   | FOR WHICH OPERATION   | YES  | 208. IF YES, WERE IN CERTIFYING CA      | FINDINGS CONSIDERED USES OF DEATH?                     |
| CAL CERT | 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)                    | 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.) | or obout 21C. WHERE DID ice bldg., INJURY OCCUR? | (If in Boltimore                        | e City, give exoct locotion)                           |
| AEDI     | 21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY  | 21E. INJURY OCCURRED  | 21F. HOW DID INJ                                 | URY OCCUR?                              |  |
| <        | (APPROX)  | While At Not While At Work  |  |   |  |
| MEDI     | 22. I certify that (1) (this hospital) attend   |   |  | 19 67 10 SEPT                           | EMBER 15 1967 ,  |
| 3        | that (I) (we) last saw the deceased alive   |   |  | at in(my) (aur) api                     | nian death accurred an the date                        |
|          | and haur and fram the causes stated above 23A. SIGNATURE  | ve. (I) (We) (did) (did nat) vi                                       | iew the bady after death.                        |   | 23B, DATE SIGNED                                       |
|          | ( Sommer of   | Buh M.D. Atter  | nding Med.                                       | Stoff Phys.                             | 9/1/167  |
| 244      | 23C. PHYSICIAN'S<br>NAME (Type)   |   | 3D. ADDRESS                                      | 7                                       | 11   |
|          | ICA THONY. L  | D. BAHR M.D.  | ON M   | mes.                                    | Harry  |
|          | REMOVAL (Specify)   | C. NAME OF CEMETERY OF CRE  |  |   | ity, lown, of dounty) (Stote)                          |
| 254      | Burial 9/19/67 A. DATE REC'D BY HEALTH DEPT. 258 NA   | Linganore Ceme  | etery Uni  | onville                                 | Md.  |
|          | SEP 1 9 1967 (R.C   | But E. Farley M.M.  | V/21   | Hersen                                  | DES NEW (DINDSON                                       |
| VS       | 150-REV. 1/1/65   | 5 / 6 1   |  | 1                                       | 77 - 001 1300  |

YEAR TOLK JOHN HERRY

CONTRACTOR

25 Std - 5-8

OTENSE SOUTH AND ESCURE OF SECUROS

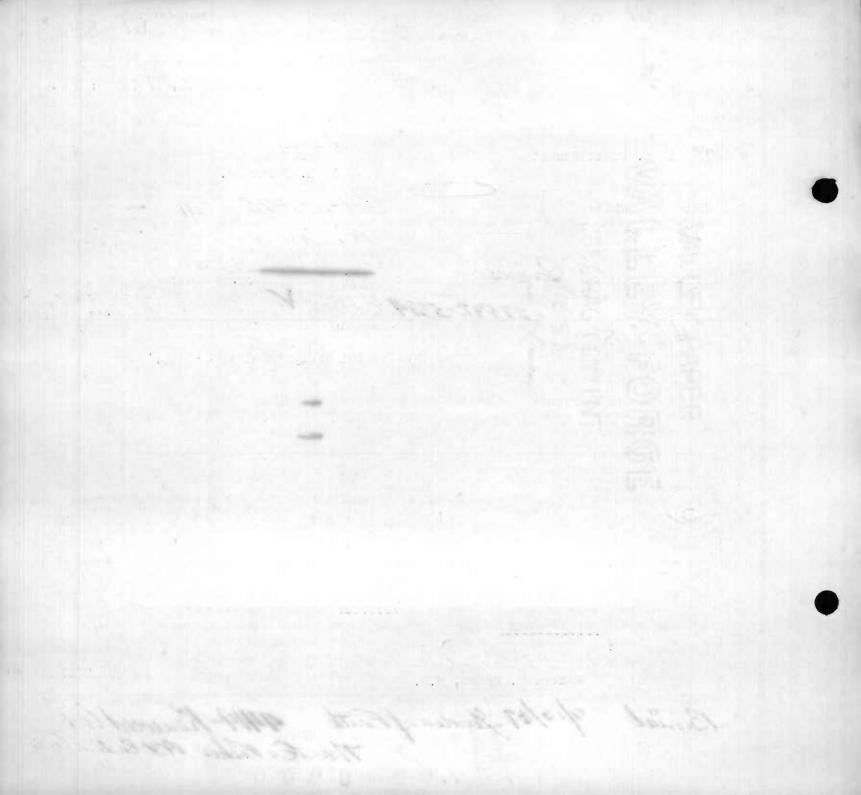
the state of the s

| 1-61            | 67 8959 BALTIMORE CITY HEA  | ALTH DEPARTMENT 67 8959  |
|-----------------|---|--|
| 0 0 20          | BIRTH NO. MEDICAL EXAMINER'S C  | CERTIFICATE OF DEATH Registered No.  |
|                 | 1. NAME OF DECFASED   | 2. DATE AND HOUR PRONOUNCED DEAD   |
|                 | (Type or LEONARD LARK   | September 14, 1967   11:10 A. M.   |
|                 | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  CERTIFICATE AMENDED                     | A. STATE Maryland  A. STATE B. COUNTY  |
|                 | HOSPITAL OR ADDRESS OR LOCATION)  9-29-57   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore  |
| 00              | 1010 W. Barre St. (DOA)   | D. STREET ADDRESS (If rurol, give location) 1010 W. Barre St.  |
|                 | 5. SEX   6. RACE   7. MARRIED, NEVER MARRIED  | B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.  |
|                 | Male White Divorced   | Jul 29, 1904 lost birthdoy! Months Doy's Hours Min.  |
|                 | 10A. USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTI                       |  |
|                 | Bulldozer Operator Construction   | Virginia 14. MOTHER'S MAIDEN NAME  |
|                 | 13. FATHERS NAME George Lark  |  |
|                 | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL  | Thompson 17. INFORMANT ADDRESS   |
|                 | (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO. 213-14-8254            | Mrs. Lacy M. Clark 3315 Hayward A Ve   |
|                 |   | E OF DEATH INTERVAL BETWEEN  |
|                 | DISEASE OR CONDITION DIRECTLY   | ONSET AND DEATH  |
| The same of the | This does not meen the mode of dving e.g.,  | iosclerotic Cardiovascular Disease   |
|                 | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) |  |
| Light of the    | ANTECEDENT CAUSES   |  |
|                 | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE                  |  |
|                 | UNDERLYING CONDITION LAST.  (C)   |  |
|                 | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING   |  |
|                 | DISEASE OF CONDITION CALISING IT  |  |
|                 | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION                                       | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  |
|                 |   | Yes Ves  |
|                 | UNDERLYING OR CONTRIB-  | office bldg. INJURY OCCUR?   |
|                 | 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT      | WHILE  |
|                 | 22.   | utopsy X and that on this bosis, death in my opinion   |
|                 | resulted from: Natural causes X Accident Suici  | de Homicide Undetermined monner  |
|                 | ACTUAL MIDS OF STATE  | CHIEF MEDICAL EXAMINER DATE SIGNED   |
|                 | SIGNATURE VICENCE U-/~/ M.I   |  |
|                 | EXAMINER'S Werner U. Splitz, MD.  | ASSOCIATE MEDICAL EXAMINER 9/14/67   |
| A LEWIS TO HELD | 23A, BURIAL CREMATION, 23B DATE 23Q NAME of CEMETERY REMOVAL (Specify)                          | or CREMATORY 23D. LOCATION (City, town, or county) (Stote)   |
|                 | Burial 9/18/67 Gardens of Fa  | ith Cemetery Baltimore Maryland  |
|                 | 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR  | 24C FUNERAL DIRECTOR ADDRESS   |
|                 | SEP 19 1967 Robert E. tarberta  | Trans A Seitz 814 H 26 St  |
|                 | VS 151-8EV 1/1/65   | The state of the s |

v.s. 153 9-29-67 M.H.

67 8960 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 67 8960

| M,              | E CASE NO.   |  |  |                      |  |   |
|-----------------|--|--|--|----------------------|--|---|
|                 | NAME OF DEC  | EASED  |  |                      | 2. DATE AND HOUR PRONOUNCE   | D DEAD  |
| ,,,             | SHIRL  |  | JAMES  |                      | September 12,  | 1967   10:15 A. M.                                  |
| 3.              | PLACE IN BALTI   | MORE MARYLAND, W   | HERE PRONOUNCED DEAD   | 4. USUAL RESID       | ENCE (Where deceased lived. If instit  | utian: residence befare admission)                  |
| FU<br>HC        | LL NAME OF   | (IF NOT IN HOSPITA                                       | AL OR INSTITUTION, GIVE STREET TION)   | Maryla               |  |   |
| 9               | O 10 E   | . Pratt Stree  | et   |                      | RESS (If rural, give lacation)   | 4-01  |
| 5               | SEX .  | 6. RACE  | 7 AAA DRIFT NEVER AA ARRIED  | B. DATE OF BIRTH     | . Pratt St.  |   |
|                 | Male   | White  | 7. MARRIER, NEVER MARRIED<br>WIDOWED, DIVORCED (specify)   | Oct-11               | 9. AGE (In years last birthday)  | Manths Doys Hours Min.                              |
| don             | dinomost of  | PATION (Give kind of wark<br>in a life, even if retired) | TOB. KIND OF BUSINESS OR INDUSTRY  | W.C.                 | State or foreign cauntry)  | 12. CITIZEN OF WHAT COUNTRY                         |
| 13.             | FATHER'S HAM   |  | 2  | 14. MOTHER'S M.      | AIDEN NAME   | Of  |
| 15.             | WAS DECEASED   | ENTERINALS ARMED   | FORCES? 16. SO CIAL  | 17. INFORMANT        | Lamon  | Jemmeny   |
| (Ye             | No or unknown)   | EVEL IN S. ARMED   | s of service) SECURITY NO.   | MAXINE               | Ho Hillest   | Willey D  |
| L CERTIFICATION | (This does not heart foilure, injury or community or comm | WAS PER  | dying e.g., the discose, deoth.)  NY, GIVING (B) ATING THE (C)   | 20A. AUTOPSYS        |  | S OF DEATH? Yes                                     |
| MEDICA          | UNDERLYING UTING CAUS  | OR CONTRIB-  | hame, form, foctary, street, a   | office bldg., INJURY |  | e exact location)                                   |
|                 | OF INJURY<br>(APPROX,)   | (Month) (Day) (Year                                      |  | WHILE                | OW DID INJURY OCCUR?   |   |
|                 |  | ER'S Werne   | Suicident Suicident  | CHIEF ME             | I that an this basis, death in my de Undetermined manner EDICAL EXAMINER  EDICAL EXAMINER  EDICAL EXAMINER |   |
| RE              | BURIAL CREA<br>MOVAL (Specify)   | MATION, 238. DATE  | 23C. NAME OF CEMETERY OF STREET OF S | Eaith                | 4419-Kon   | own, or county) (State)  AND DERESS  REASTERS CLERK |
| ٧s              | 151-REV. 1/1/6   | - 0 1001   | 19670  | 0 8 9                | Seo Fisher 193   |   |



| BIRTH NO.  | 67   | 8961   | CEDTIEIC A   | TE OF DEA  |  | 67. 89  |
|--|--|--|--|--|--|---|
| M.E. CASE NO.  | CEASED   |  |  |  |  | 11  |
| ype or Print)  | VIGER .  | JOSEF  | 011  |  | 9-16-67  | 1 9.30  |
| PLACE OF D   | EATH IN BALTIMORE, MA  | RYLAND   | 11 4   | 4. USUAL RESIDENC  | Where deceased lived. If                           | institution: residence before                               |
|  | 100  |  |  | A. STATE B.  | COUNTY   |   |
| OSPITAL OR   |  | or institution, give   | street   | C. CITY OR TOWN  | Ilf outside city limits, write                     | RURAL and aive townshi                                      |
| INSTITUTION  |  |  |  | BALTI  | MORF   | 2-0   |
| 50   |  |  |  |  | MORE (If rurol, give location)                     |   |
|  | H HOME AND   | HOSPIT   | AL   | -  | UNTAIN STR   | EET   |
| . S EX   | 6. RACE  | 7. MARRIED, NEW  | VER MARRIED<br>IVORCED (specify)   | B. DATE OF BIRTH   | 9. AGE (In years lost birthdoy)                    | Months Doys Hours   |
| MALE   | WHITE  | DIVORC   | ED   | 7-1-190  | 1 66 yrs.  |   |
| ione during most of  | CUPATION (Give kind of world working life, even if retired)  | KIOB, KIND OF BU   | SINESS OR INDUSTRY   | WEW.   | BEDFORD  | 12. CITIZEN OF<br>WHAT COUNTRY                              |
| SEA  | MAN  | SHIPP  | TN 6   | MASSACH  | <i>Jusets</i>                                      | AMERIC  |
| 3. FATHER'S NA   |  |  |  | 14. MOTHER'S MAIDE   |  |   |
|  | IP VIGER   |  |  | E. MOR   | AN   |   |
| 5. Was Decease<br>Yes, no or unknov  | ed Ever in U. S. Armed For<br>vn) (If yes, give wor or dote  | rces? 16.  | SOCIAL<br>SECURITY NO.   | 17. INFORMANT  | 1  | 27.1 360 C  |
| YES  | WW/  | 0.   | 26-09-5019   | LOUIS  | 1. VIGER L   | ADSON 5.  |
| 1B. 58   | 1,11   |  | CAUSE O  | PDEATH   |  | INTERVAL BE<br>ONSET AND                                    |
| DISEA  | ASE OR CONDITION DIS<br>LEADING TO DEATH   | RECTLY   | T  | NOTO /   | Min Ponció   | NEW   |
| (This does   | not mean the made of   | dying, e.g.,   | DUE TO   | ORIAL  | 11110313   | 764   |
|  | e, osthenio, etc. It meons<br>implication which coused   |  | - 1  |  | 1 1 1  |   |
|  | ANTECEDENT CAUSES  | i  | (B) Ch   | RONIC AL   | 1. VIGER L<br>Cirrhosis<br>-coho Lism              | <u> </u>  |
|  | OR CONDITIONS, if  |  |  |  |  |   |
|  | he obove couse (A)   | stoling the  | (C)  |  | 000,00,000,000,000,000,000,000,000,000,000,000,000 |   |
|  |  |  |  |  |  |   |
| OTHER SIGN<br>TO THE<br>DISEASE OF   | DEATH BUT NOT RELA   | CONTRIBUTING   |  |  |  |   |
| DISEASE OF   | R CONDITION CAUSING  | ІТ   | CH OPERATION   | 120A ALITORSY2 (Yes  | or Noll 208 IE VEC WED                             | E EINDINGE CONSIDEREI                                       |
| 19A. DATE C  | WAS PER  | FORMED   |  | YFS  | OF NO. 20B. IF YES, WER                            | AUSES OF DEATH?   |
| U 21A. ACCID   | ENT WAS UNDERLYING   | 21 B. PLA  | CE OF INJURY (e.g., in   | or obout 21 C. WHERE   | DID III in Boltim                                  | ore City, give exact locati                                 |
| OR CONTRI  | fy medical examiner  | etc.)  | ann, lociory, sheet, or  | ince bidgi, ilita oki occ  |  |   |
| OR CONTRI  |  |  |  |  |  |   |
| OR CONTRI  | (Month) (Doy) (Year)   |  | URY OCCURRED   |  | ID INJURY OCCUR?                                   |   |
| OR CONTRIL   | (Month) (Doy) (Yeor)   | (Hour) 21£ INJ<br>While A<br>Work  |  |  | ID INJURY OCCUR?                                   |   |
| OR CONTRI  | (Year)  y that (1) (this hospital  | While A<br>Work  | Not While At Work  |  | 19 62 .ta  | 9-16  |
| OR CONTRIPED DEATH Inotice DEA | de de  | While A Work   | Not While At Work  | 9-5  |  |   |
| OR CONTRIL DEATH Inch 21D. TIME OF INJURY IAPPROX.)  22. I certif that (1) (we   | y that (1) (this hospita   | While A<br>Work  I) attended the dead olive on   | Not While At Work  | 9-5  | 19 2 ta  |   |
| OR CONTRIL DEATH Inch 21D. TIME OF INJURY IAPPROX.)  22. I certif that (1) (we   | y that (1) (this hospital b) lost sow the deceose and from the couses sto  | While A<br>Work  I) attended the dead olive on   | Not While At Work  | 9-5<br>19-67<br>iew the body ofter d   | nnd that in(my) (our) o                            |   |
| OR CONTRIL DEATH Inoti  21D. TIME OF INJURY (APPROX.)  22. I certif that (1) (we ond hour of   | y that (1) (this hospital b) lost sow the deceose and from the couses sto  | While A<br>Work  I) attended the dead olive on   | Not Whill At Work ecceased from  (e) (did) (dld not) v  M.D. Atte  | 19.6.7   | nd that in (my) (our) o                            | pinian death occurred                                       |
| OR CONTRIL DEATH Inoti  21D. TIME OF INJURY (APPROX.)  22. I certif that (1) (we ond hour of   | y that (!) (this hospital b) lost sow the deceose and from the couses sto URE  LANTS   | While A<br>Work  I) attended the dead olive on   | Not Whill At Work ecceased from  (e) (did) (dld not) v  M.D. Atte  | 9-5<br>19-67<br>iew the body ofter d   | nd that in (my) (our) o                            | pinian death occurred                                       |
| OR CONTRIL  OR CONTRIL  DEATH Inch  DEATH Inch  21D. TIME  OF INJURY  IAPPROX.)  22. I certif  that (I) (we  and hour or  23A. SIGNAT  23C. PAYSICI  NAME  Ep)   | y that (1) (this hospital b) lost sow the deceose and from the couses sto  URE  ANS  Type  RAIM  BA                                    | While A<br>Work  I) attended the dead olive on   | Not Whill At Work ecceased from  (e) (did) (dld not) v  M.D. Atte  | 19.6.7   | nd that in (my) (our) o                            | pinian death occurred                                       |
| OR CONTRIL  OR CONTRIL  DEATH Inch  DEATH Inch  21D. TIME  OF INJURY  IAPPROX.)  22. I certif  that (I) (we  and hour or  23A. SIGNAT  23C. PAYSICI  NAME  Ep)   | y that (1) (this hospital b) lost sow the deceose and from the couses sto  URE  AN'S  (Type)  ARMATION, 1248, DATE                     | While A<br>Work  I) attended the dead olive on   | Not While At Work deceased from M.D. Attended Phy M.D. Attended M.D. Att | 19 / 2 of ter de maing Med. Sa. Director  23D. ADDRESS  CHURGH  MATORY                                       | 1967 ta  |   |
| OR CONTRIL  OR CONTRIL  OR CONTRIL  OR CONTRIL  DEATH Inch  OR CONTRIL  OR CON | y that (1) (this hospital b) lost sow the deceose and from the couses sto  URE  ANS I(Type)  EMATION, 248. DATE ISpecify)  AL  SEPT SU | While A Work A w | Not Whill At Work  eceased from  g - 16  e) (did) (did not) v  M.D. Atte  M.D. of CEMETERY or CRE  MATTHE  | 19 L. 7  iew the body ofter d  nding   | 1967 ta  | 238. DATE SIGNED  7-16-6  Sp. BALTO  City, town, or county) |
| OR CONTRIL  OR CONTRIL  OR CONTRIL  DEATH Inch  DEATH Inch  OR CONTRIL  OR CONTRIL  DEATH Inch   | y that (1) (this hospital b) lost sow the deceose and from the couses sto  URE  ANS I(Type)  EMATION, 248. DATE ISpecify)  AL  SEPT SU | While A Work A w | Not While At Work deceased from M.D. Attended Phy M.D. Attended M.D. Att | iew the body ofter d  nding Med. Signature Director  23D. ADDRESS  CHURGH  MATORY  WS CEM.  25C. FUNERAL DIR | 1967 ta  | 23B. DATE SIGNED  7-16-6  Sp. BALTO  City, town, or county) |

CHARLES FOME AND HOST FOLL

MILLIF VIGER

THE TOPIC IN E SAMPLE STIMM WAR

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Prates Confesses years

cheene acceptables

Herming Bangay -

Education Barteria Barteria France State France Fra

VS 151-REV. 1/1/65

| A.E. CASE NO   |  |  |                            |  |  |  |  |                                   |
|--|--|--|----------------------------|--|--|--|--|-----------------------------------|
| NAME OF  | DECEASED   |  |                            | 1  |  | HOUR PRONOUNC  |  |                                   |
| CHA  | RLES   | INSI   | EY                         |  |  | tember 16,   |  | 10:20 P                           |
|  | ALTIMORE MARYLAND, W   | HERE PRONOL  | JNCED DEAD                 | 4. USUAL RESIDER   | NCE(Where de   | eceosed lived, If inst   | titution: reside<br>JNTY                             | nce before odmissi                |
| ULL NAME C   | TE NOT IN HOSPITA  | AL OR INSTITU  | JTION, GIVE STREET         | Mary:  |  |  |  |                                   |
| OSPITAL OR   | ADDRESS OR LOCA  | TION)  | SHOW, GIVE STREET          | C. CITY OR TOWN  | N (If outside  | carparate limits, write  | RURAL OF   | give township)                    |
| A SHITOHON   |  |  |                            | Balt:  | imore  |  | 10   | -01                               |
| ) () 92  | 7 N. Stricker  | St. (DO  | A)                         | D. STREET ADDRE  |  | ive location)  |  |                                   |
|  |  |  |                            | 927  | N. Str   | icker St.  |  |                                   |
| , SEX  | 6. RACE  | 7. MARRIED,  | NEVER MARRIED              | B. DATE OF BIRTH   |  | 9. AGE (In yeors   |  | Yr. If Under 24 h                 |
|  |  | WIDOWED,   | DIVORCED (specify)         | 4/11/  |  | lost birthdoy)   | Months, D  | loys   Hours   Mi                 |
| Male   | Negro  |  |                            |  | tata as fasaisa  | 65   | 12. CITIZEN  | 1.05                              |
| one during mast  | CCUPATION (Give kind of work of working life, even if retired)   | KIND OF  | ROSINESS OK INDUSTRE       |  |  |  | WHAT   | COUNTRY?                          |
| Labor  |  |  |                            | Annapoli   |  | land   | U  | SA                                |
| 3. FATHER'S N  | IAME   |  |                            | 14. MOTHER'S MA  | IDEN NAME  |  |  |                                   |
|  |  |  | ?                          |  |  |  |  | ?                                 |
|  | ASED EVER IN U.S. ARMED  |  | 16. SOCIAL<br>SECURITY NO. | 17. INFORMANT  |  |  | ADDRESS  | Limit C                           |
| es, no or unkno  | own (If yes, give wor or date  | s of service   | JECOKITI NO.               | Mrs Loren  | ne Inse  | ey, same   |  | *                                 |
| 1B. /  |  |  |                            | OF DEATH   |  |  | 1.   | NTERVAL BETWEE                    |
| heart fail<br>injury or<br>DISEAS  | es not meen the mode of lue, osthenio, etc. It meens complication which coused  ANTECEIDENT CAUSE:  ES OR CONDITIONS, IF A THE ABOVE CAUSE (A) 5:  | the discose, death, I  | (B)                        |  |  | ovascular I  |  |                                   |
| DISEAS<br>RISE TO<br>UNDER   | LIVE, osthenio, etc. II meons complication which coused ANTECEDENT CAUSE ES OR CONDITIONS, IF A THE ABOVE CAUSE (A) S'LYING CONDITION LAST.  | S the discoso, deoth, l  S INY, GIVING TATING THE  | DUE TO  (B) DUE TO  (CI    |  |  |  |  |                                   |
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| DISEAS RISE TO UNDERITO THE DISEAS OTHER TO THE DISEAS 19A. DATE UNDERLYN   | LIVE, OSTHERIO, etc. II meons complication which coused ANTECEDENT CAUSE. ES OR CONDITIONS, IF A THE ABOVE CAUSE (A) STATE OF CONDITION LAST.  II SIGNIFICANT CONDITIONS IE DEATH BUT NOT RESE OR CONDITION CAUSING OF OPERATION 19B. CON  | contributii  | (B) DUE TO  (CI            | 20A, AUTOPSY?  | (Yes of No) 2 III  | OB, IF YES, WERE FI<br>N CERTIFYING CAU  | NDINGS CO  | N SIDERED<br>TH?                  |
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| DISEAS RISE TO UNDER!  OTHER TO THE DISEAS: 19A. DATE  21A. EXTER OF INJURY (APPROX.I  22.  19A. CATE OF INJURY (APPROX.I  22.  19A. CATE OF INJURY (APPROX.I  19A. CATE OF INJURY (APPROX | ANTECEDENT CAUSE  SOR CONDITIONS, IF A  THE ABOVE CAUSE (A)  LYING CONDITION LAST.  II  SIGNIFICANT CONDITIONS  IE DEATH BUT NOT RE  E OR CONDITION CAUSING  OF OPERATION 19B. CON  WAS PER  RINAL CAUSE WAS  NG OR CONTRIB-  LAUSE OF DEATH.  (Month) (Doy) (Yeor  CEPTIFY that I held an I  SUITED TO THE CONDITION  WAS PER  WE CONDITION 19B. CON  WAS PER  WAS PER  WAS PER  WAS PER  WAS PER  WAS PER  WE THE  WE THE  WE THE  CREMATION, 23B. DATE  COMMITTER  COMMITTER  WE THE  CREMATION, 23B. DATE  | CONTRIBUTII LATED TO TO SIT. IDITION FOR FORMED  21 B. home etc.  I) (Houst  Uses X  A  LY  Sp   | DUE TO  (B)                | 20A. AUTOPSY?  in or obout 21C, Wiffice bidg., NJURY  21F. HOTO  WHILE  OPSY  OPSY  OH  CHIEF ME  ASSISTANT ME  ASSOCIATE ME | (Yes or No) 2 III NO HERE DID (III OCCUR?  W DID INJUR  thot on this e Ur DICAL EXA DICAL EXA EDICAL EXA | OB. IF YES, WERE FIN CERTIFYING CAU in Boltimore City, gi  | NDINGS CO SES OF DEA ive exact loc my opinion er  9/ | NSIDERED TH? ofion)  DATE SIGNED  |

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| 0004                              | BALTIMORE CITY HEALTH  | DEPARTMENT   | 67  | 8964   |
|-----------------------------------|--|--|---|--|
| 8364                              | CERTIFICATE O  | F DEATH Regi   | stered No.  | 0004   |
| ES EDWARD BITTE                   | R  | 2. DATE AND HOUR   | OF DEATH  |  |
| S EDWARI                          | BUILEI   |  |   | 10:26 PM.  |
| RE, MARYLAND                      | 4. USUA<br>A. STAT   | E 8. COUNTY  | ed lived. If institution:   | residence before odmission)  |
| nospital or institution, give str |  | RYLAND .   |   | v0   |
|                                   | . /  | 1  | limits, write RURAL or  | d give township)   |
|                                   |  |  | locotion)   |  |
| nue Baltimore,                    | #21224   | 924 GREE   | ENMOUR  | OF AUE   |
| WIDOWED,, DIMO                    |  | OF BIRTH 9. AGE (  | In years If Und<br>lay! Months  | er 1 Yr. If Under 24 Hrs.<br>Doys Hours Min.   |
| 101/16/                           | 2180 12  | 2535 4   | /   |  |
|                                   | ESS OR INDUSTRY III. BIRT  |  | y) Wi   | TIZEN OF   |
| TOR                               | // //  |  | ina U   | 5A   |
| (**** 7.7.*                       |  |  | (D )  |  |
|                                   |  |  |   | ADDRESS  |
| or dates of service)              | CURLTY NO. COL   | BCH 4940   | Eastern Ave   | enue "   |
|                                   | THISO  | 2000   | more, Mary  | INTERVAL BETWEEN   |
| ON DIRECTLY                       |  | ,  | 00  | ONSET AND DEATH  |
| DEATH                             |  | RATORY AL  | 212857  | 2Hx 16 MIN   |
| meons the diseose,                | DUE TO   |  |   |  |
|                                   | 18 SHOCK   | <  |   | 3 DAVS 22Hr  |
|                                   | DUE TO   | 00.1 01  | 011   | BDAVS ZZHA<br>MORE THAN<br>4 DAVS  |
| e (A) sloting the                 | (C) HEMOR  | CRHAGK 17/1  | XICEATITIS  | 4 DAYS   |
| 0 \$1.                            |  |  |   |  |
|                                   | 2 . 0.0  | D.   | ,   |  |
| U SING IT                         | ossule   |  |   | 4 CONSIDERATE  |
| AS PERFORMED                      |  | IN CE  | RTIFYING CAUSES OF  | DEATH?   |
| 0.5                               |  |  | II in Boltimore City, gi  |  |
| of home, form                     | , luctory, street, office bldg.,   | INJURI OCCUR:  |   |  |
| (Year) (Hour) 21E, INJUI          | RY OCCURRED  | 21F. HOW DID INJURY OC   | CUR?  |  |
| White At [                        | Not While At Work  |  |   |  |
| aspital) attended the dec         | eased from 9-9   | 19 6 7   | 10 9-13   | 1967,  |
| eceased alive an 9                | - / 3 19   | 6 and that in my   | (aur) apinian de  | ath accurred an the date   |
| es stated abave (1) (We)          | (did) (did nat) view the   |  |   |  |
| -10                               | 00   |  |   | ATE SIGNED   |
| A. Cord                           | Phys.  | Director Phys.   | 9-  | -13-67   |
|                                   | 61   | 4740 Eab octi  |   | altimore,/Md.  |
|                                   | M.D. 194.  |  |   | #2122414   |
| A) A                              |  |  | D   | or county) (Stote)   |
| **                                |  |  | more M  | ADDRESS  |
| 67 R.D. 6 E.                      | Jarkey M. A.   |  | 1 1206 W No   |  |
| Limb And                          | 1  | 1001   |   |  |
|                                   | ES EDWARD BUTTE  SEE TO LOCATE  T | ES EDNARD BUTLER  SPRE, MARYLAND  A. STAT  A. USU  A. STA | ES EDIARD BUTIER  SRE, MARTIAND  A. SIATE RESIDENCE (Where deceosed from localing land)  SRE, MARTIAND  A. SIATE S. COUNTY  MARTIAND  A. SIATE S. COUNTY  MARTIAND  A. SIATE S. COUNTY  MARTIAND  C. CIW OR TOWN (III outside city The content of the city of the | CERTIFICATE OF DEATH  Registered No.  CERTIFICATE OF DEATH  Registered No.  CONTROL BUTLER  CO |



TO 1915 U -001 JAMPEN BULLION WHOLE 52 11-71-5 Leiner 1 131 A EU Alungiu, Swags Y & Asond 3993 Took ol# CALCOLAR HARMMONIA STOCKED SHOULD THEN YOURSES Arabe countries white as broken white training 27 7.5

8966 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 6. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before udmission)
A. STATE

B. COUNTY ROBINSON MINERVA 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give town hip) HOSPITAL OR ADDRESS OR LOCATION Baltimore D. STREET ADDRESS (If rural, give location) 1515 N. Bruce St. 2036 W. Lanvale St. 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years lost birthdoy) II Under 1 Yr, If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months, Doys, Hours, Min. 10A. USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY Female Colored BIRTHPLACE (Stope or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes no or unknown) (II yes, give wor or dotes of service) 16. SO CIAL SECURITY NO. 2029 W. Na 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Rupture ectopic pregnancy DUE TO (This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT . CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES YES

218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exect location) home, form, foctory, street, office bldg., NJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) OF INJURY NOT WHILE (APPROX.) WHILE AT m. WORK 22. Autopsy X I certify that I held an Inquiry Inspection \_ and that on this basts, death in my apinion resulted from: Notural couses X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER X DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Russell S. Fisher, M.D. September 18, 1967

23C. NAME OF CEMETERY OF CREMATORY

24B, NAME OF REGISTRAR

. CAI YDRY CEAN

23D. LOCATION

24C. FUNERAL DIRECTOR

A.A.COUN

(City, town, or county)

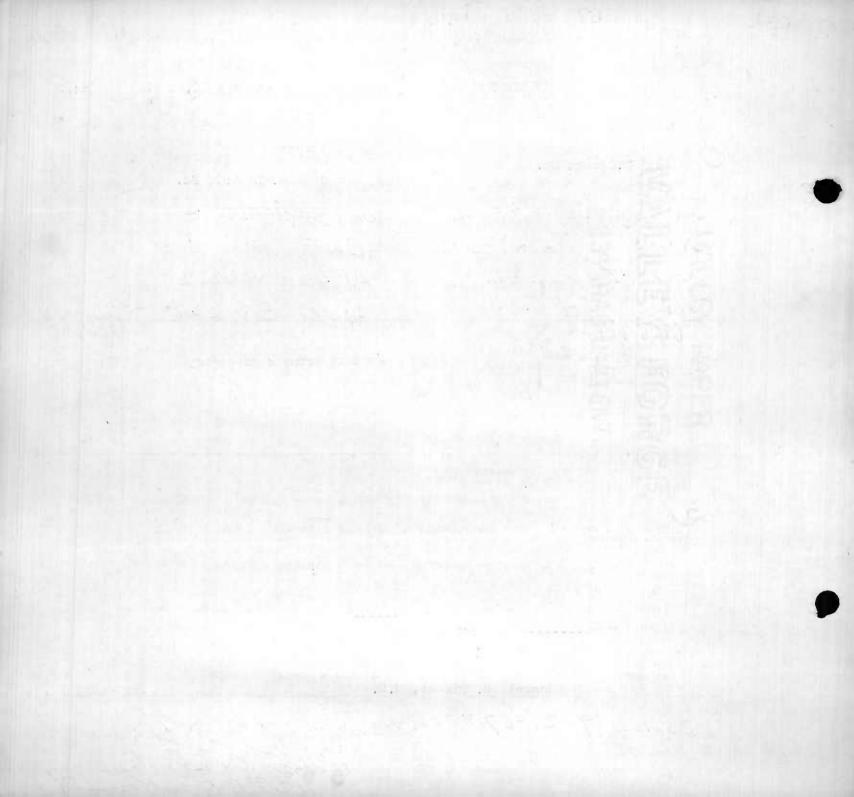
ADDRESS

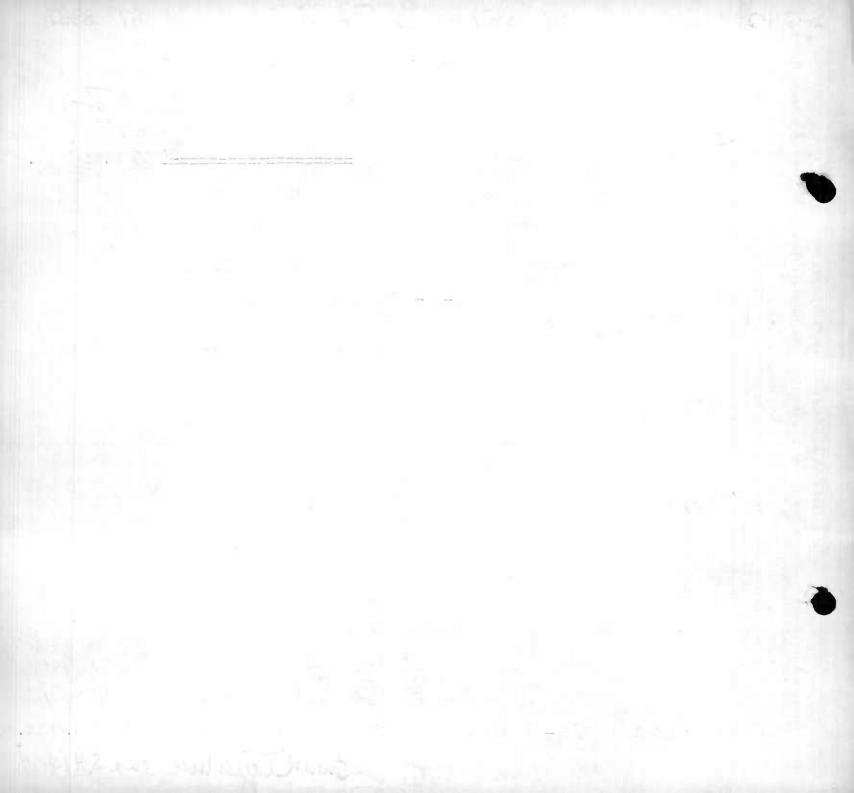
23A. BURIAL CREMATION,

REMOVAL (Specily)

VS 151-REV, 1/1/65

23B. DATE





| V                           | V   |  | ,,,,,,   | J   | -   |
|-----------------------------|---|--|--|---|---|
| FUNERAL DIRECTOR: IMPORTANT | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and such body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death | shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased | was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the | deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such | written approval must be obtained before the remains are embalmed or final disposition is made. |
|                             | -+  | S  | 3  | 0   | \$  |

| 63               | 6   | 7 200  | BALTIMORE C                | ITY HEALTH DEPARTA         | MENT           |                           | M                    | 0000                    |
|------------------|---|--|----------------------------|----------------------------|----------------|---------------------------|----------------------|-------------------------|
| HRIT NO.         |   | 001  | CERTIFIC                   | ATE OF DEA                 | HTA            | Registered Na.            | b/_                  | 8968                    |
| M.E. CASE NO.    | CEASED  |  |                            | 12                         | DATE AND       | HOUR OF DEATH             |                      | -                       |
| Tune or Print)   | SABELLA                                       | Mos  | cc                         |                            |                |                           |                      | 0 40 .                  |
|                  | EATH IN BALTIMORE                             |  | E 2                        | 4. USUAL RESIDEN           | SEPT.          | 17,1967                   |                      | 9.30 a                  |
| S. PLACE OF D    | EATH IN BALTIMORE,                            | MARICAND   |                            | A. STATE                   | B. COUNTY      | eceosed lived, if ii      | istitution; residenc | e belore oamiss         |
| FULL NAME        | OF (If not in hospi                           | tol or institution,  | give street                | MARYLA                     | NA             |                           |                      |                         |
| HOSPITAL OF      |   | tion)  | give                       | C. CITY OR TOWN            |                | city limits, write        | RUNKL and give-      | downship                |
|                  | 0400160                                       | CENERR   | L HOSPITAL                 |                            |                | -                         | 1-0                  | X                       |
| NORTH            | CHAKKET                                       | KENEKII  | 7 1104711116               | D. STREET ADDRES           |                | , give location)          |                      | 0                       |
| 110              |   |  |                            | 1116 E. 20                 | 1h. St.        |                           | 01218                |                         |
| 4                | 6. RACE                                       | 17 44 4 PRIFE  | NEVER MARRIED              | B. DATE OF BIRTH           |                |                           |                      |                         |
| · SEX            | O. RACE                                       |  | D, DIVORCED (specify)      | B. DATE OF BIRTH           | 10 lost        | GE (In years<br>birthday) | Months Doys          | If Under 24<br>Hours Mi |
| F.               | /V.   | M.   |                            | 11-4-1                     | 1904           | 42                        |                      |                         |
|                  |   |  | F BUSINESS OR INDUS        | TRY 11. BIRTHPLACE (Sto    | ote or foreign | country)                  | 12. CITIZEN O        | F                       |
|                  | of working life, even if retire               | d) (1)   | ONE                        | 5.0                        | . CAL          | RINA                      | WHAT CO              |                         |
|                  | MIFE  | 10   | UIVE                       |                            |                |                           | 4.                   | 57.                     |
| 3. FATHER'S NA   | AME .   | 12 /   |                            | 14. MOTHER'S MAI           |                | 0.                        |                      |                         |
| 1/9              | Thomas  | 13.h   | SON                        | 1 1                        | VICO.          | Gibs                      | (nn)                 |                         |
| Wos Decares      | ed Ever in U. S. Armed                        | Forces?  | 1 6. SOCIAL                | 17. INFORMANT              | VICE           | 0103                      | ADDI                 | PFSS                    |
| es, no or unknov | vn) (If yes, give wor or o                    | totes of service)  | SECURITY NO.               | III III OKMANI             | hari           | -                         | 200                  | KE33                    |
|                  |   |  | -                          |                            | JUR!           |                           |                      |                         |
| 18. / / -        | 0 1 1   |  | CAUSE                      | OF DEATH                   |                |                           | INTER                | VAL BETWEEN             |
| Tox              | ASE OR CONDITION                              | O I DE CALL  |                            |                            |                |                           | ONSET                | T AND DEATH             |
| , Dist,          | LEADING TO DEAT                               |  |                            |                            | -1 -           |                           |                      |                         |
|                  |   |  | (A)/                       | 9c. MYOCA                  | C-0/174        | 100 x1116 C               | 11010                |                         |
|                  | nat mean the made<br>e, asthenia, etc. It med |  | , DOL 10                   |                            |                |                           |                      |                         |
|                  | mplication which caus                         |  | 4                          |                            |                |                           |                      |                         |
|                  | ANTECEDENT CAUS                               | EC   | (B)                        |                            |                |                           |                      |                         |
|                  |   |  | DUE TO                     |                            |                |                           |                      |                         |
|                  | OR CONDITIONS,                                |  |                            |                            |                |                           |                      |                         |
|                  | he abave cause (<br>NG CONDITION last.        | sioning the  | (C)                        |                            |                |                           |                      |                         |
|                  |   |  |                            |                            |                |                           |                      |                         |
| Z                | 11  | CONTRACTOR   |                            |                            |                |                           |                      |                         |
| OTHER SIGN       | NIFICANT CONDITIONS<br>DEATH BUT NOT R        | ELATED TO TI   | HE                         |                            |                |                           | 100                  |                         |
| DISEASE O        | R CONDITION CAUSIN                            | G IT.  |                            |                            |                |                           |                      |                         |
| 19A. DATE        | OF OPERATION 198. C                           | ONDITION FOR   | WHICH OPERATION            | 20 A. AUTOPSY?             | Yes or No) 2   | OB. IF YES, WERE          | HINDINGS CONS        | SIDERED                 |
|                  | WA3 !   | THE OWNER OF THE OWNER OWNER OF THE OWNER O |                            | X                          |                | . JERNINING CA            | JES OF DEATH         |                         |
| 21A. ACCID       | ENT WAS UNDERLYING                            | 3 21   | B. PLACE OF INJURY (e.     | g., in or obout 21 C. WHER | RE DID         | (If in Boltimor           | e City, give exoc    | t location)             |
| OR CONTRI        | BUTING CAUSE OF                               | hor  | me, lorm, foctory, street, | office bldg., INJURY O     | C CU R?        |                           |                      |                         |
| )                | iy inedicul exominer/                         | erc  |                            |                            |                |                           |                      |                         |
| 21 D. TIME       | (Month) (Doy) (Ye                             | or) (Hour) 21  | E INJURY OCCURRED          | 21F. HOW                   | DID INJURY     | OCCUR?                    |                      |                         |
| (APPROX.)        |   |  | hile At Not V              |                            |                |                           |                      |                         |
|                  |   |  | ork A1 W                   | - 12/11/10                 |                |                           |                      | 1                       |
| 22. I certif     | y that 🍎 (this hospi                          | tal) attended  | the deceased fram          | 9/16/6/                    | 19             | ta9                       | - 17                 | 196                     |
| 1                | last saw the dece                             |  | 9/10                       | 1/ 1967                    | and that       | n(my) (aur) api           | nian death ac-       | curred on the           |
| 1                |   |  | . / did /                  | /                          |                | (my) (doi) dpi            | an death dc          | . Sired un The          |
|                  |   | tated abave.   | (D(Me) Jane (A)            | r) view the bady after     | r death.       |                           |                      |                         |
| 23A. SIGNAT      | TURE  |  | //                         |                            |                |                           | 23 B, DATE SIGI      | NED                     |
| Cor              | wines ox                                      | moul   | Lec M.D.                   | Attending Med.             |                |                           | 9/1                  | 7/67                    |
| 23C. PHYSIC      | IANES   |  | - /                        |                            | tor Phy        | 3, 🗀                      | 1                    | , , ,                   |
| NAME             | (Type)  |  |                            | 23D. ADDRESS               |                | 001.00                    |                      | TO                      |
|                  | INYA TIP                                      | MONGK  | (0L M                      | .D. NORTH CI               | MARLES         | GENER                     | 193041 76            | 1 172                   |
| 4A. BURIAL CE    |   |  | AME of CEMETERY of         | CREMATORY                  | 24D. LOC       | ATION (C                  | ity, town, or cour   | nty) (Sto               |
| A REMOVAL        |   | 100  |                            | as OV                      | ,              |                           | P 11 /               | ,.                      |
| BAPIA            | N 7-21  | -0/1   | Rhylus                     | Hem th.                    |                |                           | D9/40. Co            | . Ma                    |
| SA. DATE REC'    | D BY HEALTH DEPT.                             | 25 NAME  | OF REGISTRAR               | 25C. FUNERAL D             | DIRECTOR       |                           | ) Al                 | DDRESS                  |
|                  | SEP 19 1967                                   | 00 "   | 0 4. 0                     |                            | 1              | 1.511                     |                      | YPENS                   |
|                  |   | U Lock   | Z 17 1834                  | MORTO                      | 4              | ye 11                     | IJUILA               | UFENS                   |
| S 150-REV. 1/1   | 1/65  |  | 4                          | 0                          | 0 4            | •                         |                      |                         |

11-4-194 #3

them Chart Louis Chard

French 9-21 69 ARDING Name B. Bake C. Mal.

Morane Dyell mothers and

The second manufacture of the second 1, 11 First the Mate Mate. Miller MORION OF DIETT HOWELLE

| 514   | BIRTH NO. CERTIFICA  | TE OF DEATH Registered No. 67 8970   |
|---|--|--|
| sec the control   | M.E. CASE NO.  1, NAME OF DECEASED   | 2. DATE AND HOUR OF DEATH  |
| - e e e c   | (Type or Print) CIARENCE CAMpbell  | 9-17-67 1 2 0 0  |
| of<br>of<br>Dec   | 3. PLACE OF DEATH IN BALTIMORE, MARYLAND   | 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY |
| osp<br>inc<br>dec   | FULL NAME OF (If not in hospital or institution, give street   | md.  |
| 4 L   | HOSPITAL OR oddress or location) INSTITUTION   | C. CITY OR TOWN (If autside city limits, write RURAL and give township)                                  |
| T ter   | 27   | Ja Hmore 16  |
| i big a p io .  | mass that  | D. STREET ADDRESS (If rurol, give location)  |
| d d d d d   | 5. SEX 6. RACE (). MARRIED, NEVER MARRIED  | B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr., If Under 24 Hrs.                                     |
| rrik<br>min<br>med  | WIDOWED, DIVORCED (specify)  | Manths Doys Hours Min.   |
| ocont<br>ont<br>reg<br>reg  | 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF   |
| rect or c<br>(4) Under<br>was in<br>the dece  | done during most of working life, even if retired)   | WHAT COUNTRY?  |
| Joe June 18   | 13. FATHERS NAME   | 14. MOTHER'S MAIDEN NAME   |
| www.we  |  | 14. MOINER'S MAIDEN/NAME   |
| E = 1, E = 7  | Kobert Compbell  | Coldine Lynn   |
| ind<br>ind<br>eat   | 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no arunknown) (II yes, give war or dates of service)  16. SOCIAL SECURITY NO.   | 17. INFORMANT ADDRESS  |
| ki ki   |  | Rebecca Campbell 1007 W. LASAgeTI  |
| i i i   | 18. 443 XI CAUSE O   | OF DEATH INTERVAL BETWEEN ONSET AND DEATH  |
| lso,<br>of o<br>of o<br>ounc  | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   |  |
| A P D D D D D D D D D D D D D D D D D D   | (This does not mean the made of dying, e.g., DUE TO  | reprovascular hemontos 3 days  |
| er.   | heart failure, asthenia, etc. It means the disease,  | 0  |
| fra<br>gul  | ANTECEDENT CAUSES (B)  | **************************************   |
| A f A f Who   | DISEASES OR CONDITIONS, if any, giving   | 1.010  |
| (3) (3) s a s   | rise to the obave cause (A) stoting the  | restensive Cardisonscular I years  |
| D D v.E   | UNDERLYING CONDITION lost.   | Vislase  |
| adica<br>dica<br>rrns<br>rsic<br>wa<br>ma   | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  |  |
| me<br>me<br>y bu<br>ph)   | TO THE DEATH BUT NOT RELATED TO THE DISCUSSION OF THE DEATH BUT NOT RELATED TO THE DISCUSSION OF THE D | iq   |
| 5 - 6 o - 5 -   | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?           |
| 2 × 8 + 5 6   | # ()   |  |
| the (2) ere o ph efor   | U 27A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., i or contributing   CAUSE OF   Amme, larm, foctory, street, or other contributions of the contribution of | in at about 21C. WHERE DID (II in Baltimare City, give exact location)  office bldg., INJURY OCCUR?      |
| why who   | 0  | OF HOW BY DIVINION OF CHIEF  |
| osp<br>ost<br>(6)   | White As - New Wei   | 21F. HOW DID INJURY OCCUR?   |
| a.d. a.d.   | (APPROX.) Walk At Work   |  |
| the the cany can an obt   | 22. I certify the (1) this hospital) attended the deceased from  | 9/14 19 7 10 9/17 19 67  |
| = 0   | that (I) (we) last saw the deceased alive on 9/17  | 19 ond that in (my) (our) apinion death occurred on the dat  |
| ased to<br>lent of<br>spital<br>death)<br>nust be                                     | ond hour and from the couses stated above (1) (We) (did) (did not)   |  |
| dent<br>dent<br>deat<br>deat<br>must  | 23A. SIGNATURE   | 23B. DATE SIGNED   |
|   | Tenne 9 Jen Phy  |  |
| An a An a prior   | 23C. PHYSICIAN'S<br>NAME (Tyge)  | 23D. ADDRESS   |
| body was relibedy was relibedy was relibers:  D.O.A. at a based prior to ten approval | M.D.   |  |
| E CO B B  | 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CR   | EMATORY 24D. LOCATION (City, town, or county) (State)  |
| bod<br>ws:<br>D.C   | BURIAL 4-22-61 CARVER!   | Mem Haurel Md.   |
| This cert<br>the body<br>shows: (<br>was D.O<br>decease                               | 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR   | 25C. FUNERAL DIRECTOR ADDRESS  |
| F 4 8 2 2 3   | SEP 19 1967 Roberto E. Farkery   | MORTON + DYETT 1701 LAYRENS  |

FUNERAL DIRECTOR: IMPORTANT

Terrer a Complete 1000 W. Lingson Distriction Tarant Carevan Man Leavel 1 198 The company of the Marian

IMPORTAN

DIRECTOR:

FUNERAL

Frank Toylor Eliza Constr. 25 m. 11 18 Low a June 248 Alle 1 17 18 Burney grant Action the grown and the Tagle moralet

| BIR        | H NO. 67 8972 CERTIFICA   | ATE OF DEATH Registered No.   | 67 8972   |
|------------|---|---|---|
| 1,1        | . CASE NO. AME OF DECEASED  | 2. DATE AND HOUR OF DEATH   | 4   |
|            | PLACE OF DEATH IN BALTIMORE, MARYLAND   | 4. USUAL RESIDENCE (Where deceased lived If institute                         | 5 H. M  |
|            |   | A. STATE B. COUNTY  | ion, to receive a store out was rout                  |
|            | OSPITAL OR oddress or location) NSTITUTION  | C. CITY OR TOWN (If outside city limits, with RUR)                            | L and give township                                   |
| P          | utheran Hospital of Maryland  | D. STREET ADDRESS (If rurol, give location)                                   | 0   |
|            |   | 5309 Fernfask Ave.  |   |
| S.         | F. 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  | 8. DATE OF BIRTH 9. AGE (In years lift Mo                                     | Under 1 Yr. If Under 24 Hrs.<br>onths Doys Hours Min. |
|            | USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR  | Y 11. BIRTHPLACE (State or foreign country) 12.                               | CITIZEN OF<br>WHAT COUNTRY?                           |
| 6          | Almployed   | 37. MARYS Co. Md.   | U.S.A.  |
| 13,        | Daviel Grass  | MARY Ellen Gro.   | <<  |
| 15.<br>(Ye | Was Deceosed Ever in U. S. Armed Forces? ,,no or unknown)(If yes, give wor or dotes of service)  SECURITY NO. | 17. INFORMANT   | ADDRESS   |
|            | No  | Mildred DATTLE 5309   | FERNTARK.   |
|            | DISEASE OR CONDITION DIRECTLY   | OF DEATH  | INTERVAL BETWEEN ONSET AND DEATH                      |
|            | LEADING TO DEATH  (This does not meen the mode of dying, e.g., DUE TO   | C. V. A.  | 9 months  |
|            | heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)               | 1 1 1 1 2 1 1 1   | 4   |
|            | ANTECEDENT CAUSES  (B) 11.1  DUE TO   | teriosclerotic Cardiovascula di   | Hem .   |
|            | 100 100 100 100 100 100 100 100 100 100   | Alreamia  | 9   |
|            | UNDERLYING CONDITION last.  |   | •   |
| ATION      | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE                                 |   |   |
| CERTIFICA  | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED                                       | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDIN CERTIFYING CAUSES          | INGS CONSIDERED OF DEATH?                             |
| AL CE      | OR CONTRIBUTING CAUSE OF home, form, foctory, street,   | in or obout 21 C. WHERE DID (If in Bottimore City office bldg., INJURY OCCUR? | y, give exact location)                               |
| U          | 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED  | 21F. HOW DID INJURY OCCUR?  |   |
| MEDI       | OF INJURY (APPROX.)  While At Not Wh Work  At Work  | ille L  |   |
|            | 22. I certify that (I) (this hospital) attended the deceased fram   | 9-10- 1967 10 9-  | 15 - 19 67  |
|            | that (1) (we) last saw the deceased alive an  | 19 67 and that in(my) (aur) apinian   | death accurred an the dat                             |
|            | 23A. SIGNATURE  |   | DATE SIGNED   |
|            | CANOTI IL   | ttending Med. Stoff Phys.   | 9-15-67,  |
|            | 23C. PHYSICIANS ANIL M. JOSHI M.D   | 23D. ADDRESS Lutheran Hespital 9  | Maryland  |
| 24         | BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C  | 130 ASKINGTIN St. Kaltimore   | own, or county) (Stoje)                               |
|            | BURIAL 9-19-67 HRBUILUS M   | emPK. Arbutus   | Md  |
| 25         | DATE REC'DE TO ATTY DESTOY TO BE NAME OF REGISTRAN  | MARTON & DUOTT  | 1701 LAYREN   |
| 1/5        | 150 BEV 1/1/45  |   |   |

FUNERAL DIRECTOR: IMPORTANT

Consendand ST Mays Co Mr. USA

Daniel Cross

No Marile Story Frank

No Marile Story Frank

Eugent 44461 Action Hours

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|               |  | 6'               | 7 8         | 973              | BALTIMORE CITY HEAL                                | TH DEPARTMENT                                 |                  |   |                  | 67           | 0000                                |
|---------------|--|------------------|-------------|------------------|--|---|------------------|---|------------------|--------------|-------------------------------------|
| BIRTI         | H NO.  |                  | MEDI        | CAL EX           | AMINER'S C   | ERTIFICATI                                    | E OF D           | EATH Regis                              | tered Na         | 07           | 8973                                |
| M.E.          | CASE NO.   |                  |             |                  |  |   |                  |   |                  |              |                                     |
| 1. N          | AME OF DEC                                       | EASED            |             |                  |  | 2   | DATE AND         | HOUR PRONOUN                            | CED DEAD         |              |                                     |
|               |  |                  |             | PETERSO          |  |   | Septe            | mber 17,                                | 1967             | 12:0         | 00 pm.                              |
| 3. PL         | ACE IN BALT!                                     | MORE, MAR        | YLAND, WI   | HERE PRONOL      | INCED DEAD   | 4. USUAL RESIDEN                              | ICE (Where de    | ceosed lived. If in                     | stitution: resid | ence belore  | odmission)                          |
| FULI          | NAME OF  | (IF NOT          | N HOSPITA   | L OR INSTITU     | TION, GIVE STREET                                  |   | yland            |   |                  |              |                                     |
| HOS           | PITAL OR   | ADDRESS          | OR LOCA     | TION)            |  | C. CITY OR TOWN                               | N (If outside o  | carparote limits, wr                    | e RURAL on       | d give lawn  | ship)                               |
|               | 39/  |                  |             |                  |  | Baltimo                                       |                  |   | /                | 0            |                                     |
|               | Pro  | vident           | Hospi       | tal D.           | O.A.   | D. STREET ADDRE                               | SS (If rurol, gi | ive location)                           | ,                |              |                                     |
| 5 68          | v / L  |                  |             | 7 11 1 1 1 1 1 1 |  |   | 1phin S          |   |                  |              |                                     |
| 5. SE         | *  | 6. RACE          |             |                  | NEVER MARRIED<br>DIVORCED (specify)                | 8. DATE OF BIRTH                              |                  | 9. AGE (In years                        | Months :         | 1 Yr. If Uni | der 24 Hrs.<br>rs <sub>1</sub> Min. |
|               | emale  | Color            |             | W                | 11 d'ow  | 5/16/191                                      |                  | 5.3                                     |                  |              | 1                                   |
| done          | during most of we                                | orking life, eve |             | 108. KIND OF     | BUSINESS OR INDUSTR                                | 11. BIRTHPLACE (St                            | ote or foreign   | country)                                | 12. CITIZE       | COUNTRY      | 1?                                  |
| -             | inemp  | loyed            |             |                  |  | BALLO   | MC               | 1 .                                     | U.               | S.A.         |                                     |
| 13. F.        | ATHER'S NAM                                      |                  | , 1         | 1                | 1  | 14. MOTHER'S MAI                              |                  | 1. 1 .                                  |                  |              |                                     |
|               | seorge   |                  | av. va      | CKSC             | , 2  | MAR   | yh.              | NOLAN                                   |                  |              |                                     |
|               | no or unknown)                                   |                  |             |                  | 16. SOCIAL<br>SECURITY NO.                         | 17. INFORMANT                                 | 1 1              | 0                                       | ADDRESS          | 2 /          | ,                                   |
|               | NO   |                  |             |                  | 215-18-9768  | Magnetert                                     | he o             | Dmith                                   | 706              | Dolp         | phin                                |
| 1             | B. 4/2   | 9 /.             |             |                  | CAUSE  | OF DEATH                                      |                  |   |                  | INTERVAL     |                                     |
|               | DISEAS   | E OR CONE        | OITION DIR  | ECTLY            |  |   |                  |   |                  | ONSET AN     | D DEATH                             |
|               |  | LEADING T        | O DEATH     |                  | (A) Ar   | teriosclero                                   | tic Car          | diovascul                               | ar               |              |                                     |
|               | (This daes no<br>heart failure,<br>injury or com | asthenio, etc.   | . It means  | the disease,     | DUE TO   | Di  | sease            |   |                  |              |                                     |
|               | injety or some                                   | paraelle with    |             | e dillar         |  |   |                  |   |                  |              |                                     |
|               | DISEASES O                                       | NTECEDENT        |             |                  | (8)  | ) = M   |                  |   |                  |              |                                     |
|               | RISE TO THE                                      | ABOVE CA         | USE (A) ST. |                  | DUE TO   |   |                  |   |                  |              |                                     |
| z             | UNDERLYIN  | G CONDIII        | UN LAST.    |                  | (C)  | ····  |                  | *************************************** |                  |              |                                     |
| 암             |  | II               |             |                  |  |   |                  |   |                  |              |                                     |
| ₹<br>O        |  |                  |             | CONTRIBUTION     |  |   |                  |   |                  |              |                                     |
| 프             |  | CONDITION        |             |                  | nt   |   |                  |   |                  |              |                                     |
| CERTIFICATION | 9A. DATE OF                                      | OPERATION        | 198, CONE   |                  | WHICH OPERATION                                    | 20 A. AUTOPSY?                                |                  | 8. IF YES, WERE                         |                  |              |                                     |
| 1 1           | 0  |                  |             |                  |  | NO  |                  |   |                  |              |                                     |
| OL            | INDERLYING                                       | OR CONTRIB       | -           | home,            | PLACE OF INJURY (e.g.,<br>form, foctory, street, o | in or obout 21C. WH<br>office bldg., INJURY C | IERE DID (IF     | in Baltimore City,                      | give exact lo    | cotion)      |                                     |
| 9             | ITING CAUS                                       | E OF DEATH       | ١.          | etc.)            |  |   |                  |   |                  |              |                                     |
| 4             | TIME OF INJURY                                   | (Month) (D       | loy) (Year) | (Hour) 2         | E. INJURY OCCURRED                                 | 21 F. HOV                                     | V DID INJURY     | OCCUR?                                  |                  |              |                                     |
|               | APPROX.)   |                  |             |                  | VHILE AT NOT                                       | WHILE   |                  |   |                  |              |                                     |
| 1             | 22.  | fy that I he     | ld an In    |                  | Inspection X Aut                                   |   | has an shia      | h:- dah l                               |                  |              |                                     |
|               |  |                  |             |                  |  |   |                  |   |                  |              |                                     |
|               | result   | ed fram: N       | atural cau  | Sesti A          | ccident Suicld                                     |   | _                | determined man                          | ner              |              |                                     |
|               | ACTUAL   |                  | 1/1         | 1/               |  |   | DICAL EXA        |   |                  | DATE S       | IGNED                               |
|               | SIGNATU  | IRE              | 00          | 1- m             | M.D.   | ASSISTANT MED                                 |                  | promp                                   |                  |              |                                     |
|               | EXAMINE<br>NAME (T                               |                  | Russe       | 11 g T           | Fisher, M.D.                                       | ASSOCIATE ME                                  | DICAL EXA        |   | ptember          | 18           | 1967                                |
|               | BURIAL CREM                                      |                  | L DATE      |                  | C. NAME of CEMETERY                                | CREMATORY                                     | 23D. 100         |   | y, town, or co   |              | (Stote)                             |
| REM           | OVAL (Specily)                                   | 0                | 7-71        | -61              | RAID   | MAT.  | R                | 1111                                    |                  | A 4          | ld.                                 |
| 244           | DATE REC'D E                                     | RY HEALTH        | I -VI       | 248 NAAAE        | OF REGISTRAR                                       | 24C. FUNERAL                                  | DIRECTOR         | 4140.                                   | A                | DDRESS       | 0.                                  |
|               | -AIL ALC D                                       | . HEARTH I       |             | -40 HANTE        | A 3º A   | 1.  |                  | 7                                       | _                | 1            |                                     |
|               | 5  | EP19             | 1967        | Roberto          | E. Janey MA  | MOR   | TON .            | + Dyet                                  | 1 1              | 701 L        | AURENS                              |
| VS 1          | 51-REV. 1/1/6                                    | 5                |             | . 6              | 1700   | 0 0 0   | 0                |   |                  |              | 211                                 |

Leb W in impleped Balko, Md. Occorde Hw. Jackson Mary I Nolan May 1905 Many Ethel Sark 906 Dolph BIRING 9-21-49 BAILD WAT BAILS. Met MORTON - DOT 1901 LAW 

Part Ball Hate Mate

VS 150-REV. 1/1/65

Bureint Potety MT. Calvary. A A Co. Md.

## AAEDICAL EVA AAINIED'S CEDTIEICATE OF DEATH Projectoral No. 67. 8976

|                       | 6/ 89/6 BALTIMORE CITY HEALTH DEPARTMENT  | 67 8976  |
|-----------------------|---|--|
| 5- 435                | BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.  | 0010   |
|                       | M.E. CASE NO.   |  |
|                       | 1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR PRONOUNCED DEA   |  |
|                       | HILDA GOLDMAN September 13, 1967  | 12:30 p A  |
|                       | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, if institution: re B. COUNTY  | sidence before odmissio  |
|                       | FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARY Land  C. CITY OR TOWN (If outside corporate limits, write RURAL   |  |
|                       | HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN (If outside corporate limits, write RURAL INSTITUTION   | ond give township)   |
|                       | Baltimore   | 04   |
|                       | D. STREET ADDRESS (If rurol, give locotion)   |  |
|                       | 1830 Ashland Ave.   | -  |
|                       |   | der 1 Yr. If Under 24 F  |
| Section of the second | 1000 a 1 1000 a | a de la constanta de la consta |
|                       | T C MICE TO TO T C C C C C C C C C C C C C C C C  | IZEN OF  |
|                       | done during most of working lile, even if retired   | HAT COUNTRY?   |
|                       | 13. FATHER'S NAME.  | - Da   |
|                       | Fliat D. D. W. S. I.  |  |
|                       | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? AL SOCIAL 17. INFORMANS ADDRE   |  |
|                       | (Yes, no or unknown) (If yes, give wor or dotes of solvice) SECURITY NO.  |  |
|                       | 2/3.36.00x7 - Lamily  |  |
|                       | IB. CAN'SE OF DEATH   | INTERVAL BETWEE  |
|                       | DISEASE OR CONDITION DIRECTLY   | ONSET AND DEAT   |
|                       | LEADING TO DEATH  Arteriosclerotic Cardiovascular   |  |
|                       | LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, astherio, etc., It means the disease,   |  |
|                       | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  Disease  |  |
|                       | ANTECEDENT CAUSES   |  |
|                       | DISEASES OR CONDITIONS, IF ANY, GIVING DUF TO   |  |
|                       | RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |  |
|                       | Z (C)   |  |
|                       |   |  |
|                       | OFFICE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  |  |
|                       | TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.   |  |
|                       | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF   |  |
|                       | WAS PERFORMED NO IN CERTIFYING CAUSES OF  | DEATH?   |
|                       | 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bultimore City, give exect  | location)  |
|                       | O UNDERLYING OR CONTRIB-   home, form, foctory, street, office bldg., INJURY OCCUR?   |  |
|                       | 21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  |  |
|                       | OF INJURY   |  |
| C DIEN                | (APPROX.)  WHILE AT NOT WHILE AT WORK   |  |
|                       | 22.   | lon  |
|                       |   |  |
|                       |   |  |
|                       | ACTUAL CHIEF MEDICAL EXAMINER X   | DATE SIGNED  |
|                       | SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER   |  |
|                       | EXAMINER'S ASSOCIATE MEDICAL EXAMINER   |  |
|                       | NAME (Type) Russell S. Fisher, M.D.   | September 13   |
|                       | 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF CREMATORY 23D. LOCATION (City, lown, of REMOVAL (Specify)   | county) (State   |
|                       | 10 1 19/1/17 hat ( a) Act ( b) ( A) /4 /6   | ) bod  |
|                       | 24A. DATE REC'D BY HEALTH DEFT. 24B, NAME OF REGISTRAR 2/C. FUNERAL DIRECTOR  | ADDRESS  |
|                       | SEP 19/1969 (18/02 A) SC 37/10/2010 (A) / +5/10/10  | 1 0  |
|                       | Jan 1701  | 3h Hond  |
|                       | VS 151-REV. 171/65  |  |

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**BALTIMORE CITY HEALTH DEPARTMENT** 

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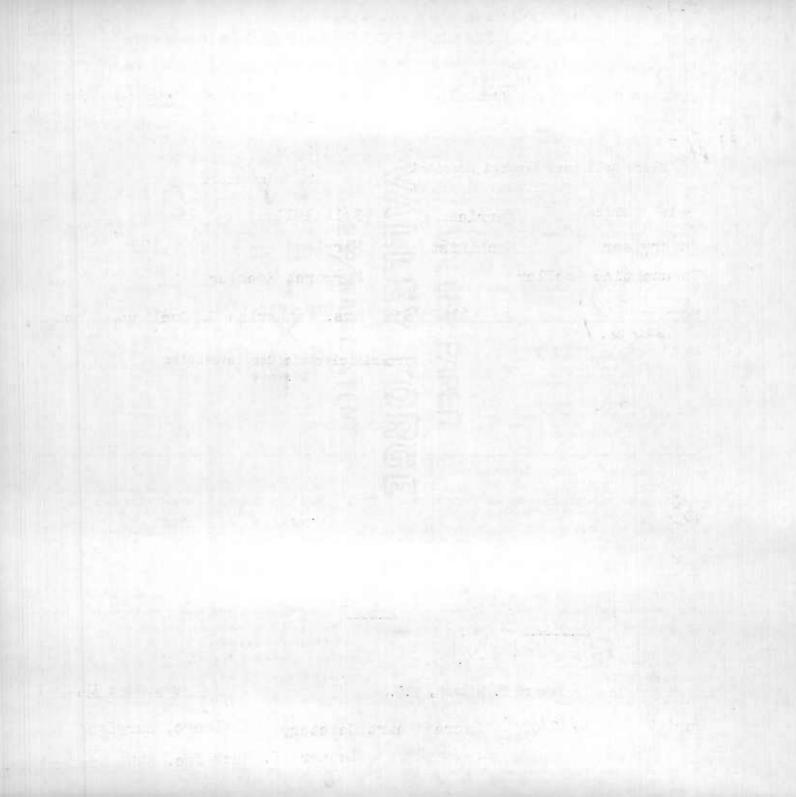
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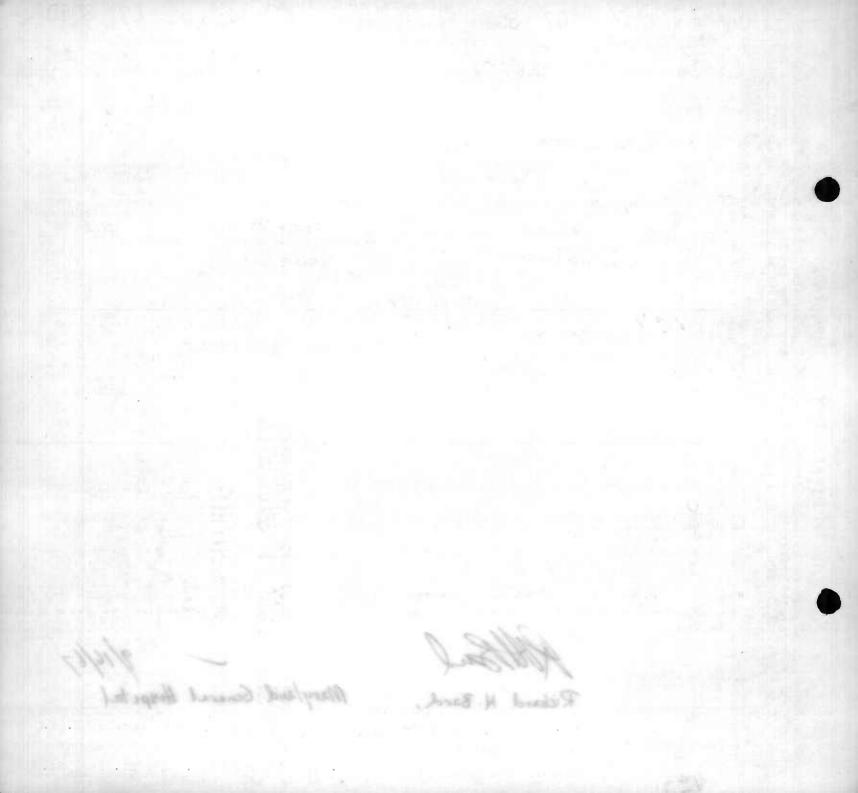
IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

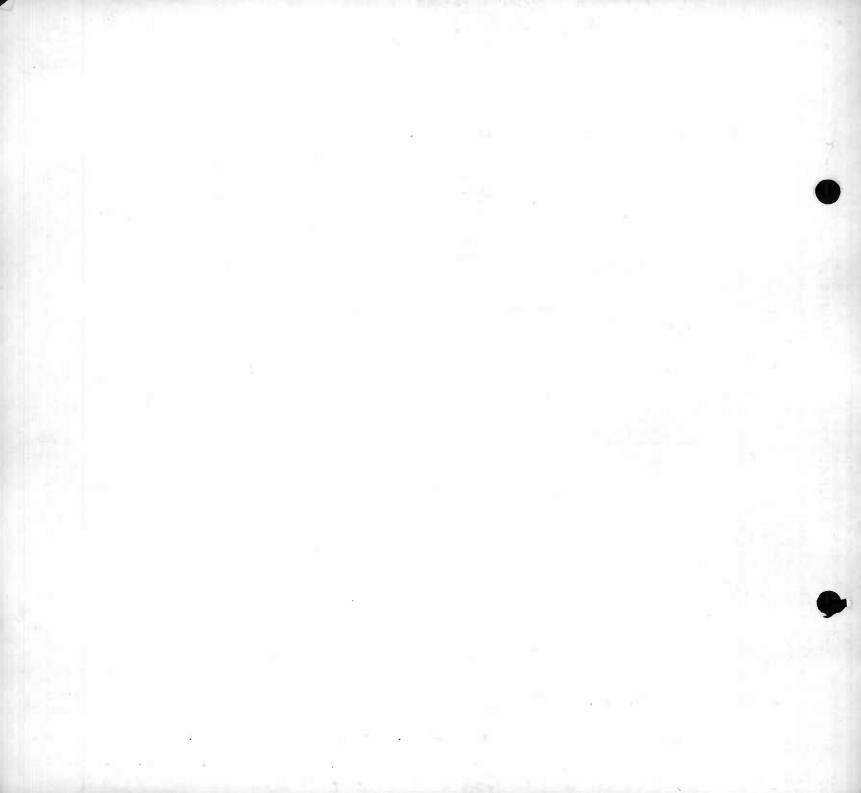
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| 3. P                  | PLACE OF DEA   | ATH IN BALTI   | MORE, MA   |  |  | 4. USUAT   | RESIDENCE (W  | here deceased lived. I  | f institution: resi  | dence before                                |
| 1                     | FULL NAME O  |  | in hospital a  | or institution, (  | give street  | A. STATE   | B, CO   | BOLTIMORE Causside city limits, will  | 01   |   |
|                       | NSTITUTION   |  | 0  |  |  | R  | ACTIMORE  |   |  | 53-01                                       |
| 48 MARYLAND GENERAL + |  |  |  |  | DI+71,   |  |   | (If rurol, give location)   | 0  |   |
| 1                     | 0 1  | C than to a  |  | 1103   | TITAL  | 3:   | 208 OLD :   | NORTH FOLKE   | ND.  |   |
| 5. S                  | SEX  | 6. RACE  |  |  | NEVER MARRIED<br>), DIVORCED (specify)   | B. DATE O  | F BIRTH   | 9. AGE (In years lost birthday)   | If Under 1   | Yr. If Und                                  |
|                       | F  | 1  | )  | WIDOWEL  | , DIVORCED (specify)   | 12   | 27/06   | 60  | TVI dininis  | dys   |
|                       |  |  |  | 10B. KIND OF   | BUSINESS OR INDUS  |  |   | areign country)   | 12. CITIZEI  |   |
| dane                  | e during mast of v   | warking life, evi  | en it retired)   | _  |  |  | TEXTON !  | EUI TORK  |  | COUNTRY?                                    |
| 13.                   | FATHER'S NAM   | ME .   |  |  |  | 14. MOTH   | ERS MAIDEN N  |   |  | USA   |
| 3.                    | Q  | -  | HO DEF   | PIETEN   |  |  | ROSALLE 1   |   |  |   |
| 16 1                  | DAVATOR  | CES CESTON   |  |  | 16 4   |  |   | ICEL  |  |   |
| (Yes                  | Was Deceased<br>s, no or ynknown   | (If yes, give  | Armed Fore   | ces?<br>s of service)  | SECURITY NO.   | 17. INFOR  | _   |   | A  | DDRESS                                      |
|                       | No   | -  |  |  | 099 03 7758  | /  | PATIEN  | T   |  |   |
|                       | 18.  | 201  |  |  |  | OF DEATH   |   |   |  | TERVAL BETW                                 |
|                       | DISEAS   | E OR CONE  | DITION DIR   | ECTLY  |  | 0  | 0   |   | O  | SET AND DE                                  |
|                       |  | LEADING T  |  |  | (A) C  | SENERAL  | IZED CAR  | CINOHATOSIS   |  |   |
|                       | (This daes n<br>heart foilure,   |  |  |  | DUE TO   |  |   |   |  |   |
|                       | injury ar cam  |  |  |  |  |  |   |   |  |   |
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|                       | 1  | ANTECEDEN  | T CAUSES   |  | (B)  | **********   |   | ***************************************   |  |   |
|                       | DISEASES C   |  |  | ony, giving  | DUE TO   |  |   |   |  |   |
|                       | DISEASES C   | OR CONDITI   | IONS, if ause (A)  |  | DUE TO   |  |   |   | · · · · · · · · · · · · · · · · · · ·                      |   |
|                       | DISEASES C   | OR CONDITION   | IONS, if ause (A)  |  | DUE TO   |  |   |   |  |   |
| NOIL                  | DISEASES Orise to the UNDERLYING   | OR CONDITION OF CO | IONS, if ause (A) N lost.  | Stating the  | (C)  |  |   |   |  |   |
| ICATION               | DISEASES Orise to the UNDERLYING   | OR CONDITION O OBOVE CONDITION OF CONDITION OF CONDITION   | IONS, if ause (A) N lost.  IDITIONS C NOT RELA CAUSING I   | ONTRIBUTING TED TO THE T. DITION FOR V   | (C)  |  | UTOPSY? (Yes or   | No) 208, IF YES, WEI  | RE FINDINGS C  | ONSIDERED                                   |
| RTIFICATION           | DISEASES OF THE DISEASE OR   | OR CONDITION O OBOVE CONDITION OF CONDITION OF CONDITION   | IONS, if ause (A) N lost, IDITIONS C NOT RELA  | ONTRIBUTING TED TO THE T. DITION FOR V   | (C)  |  |   |   | RE FINDINGS C  | ON SIDERED<br>ATH?                          |
| CAL CERTIFICATION     | DISEASES OF THE DISEASE OR   | DR CONDITIO  | IONS, if ause (A) N lost.  IDITIONS C NOT RELA CAUSING I 198. CON WAS PERF   | ONTRIBUTING TED TO TH T. DITION FOR V  | DUE TO  (C)  WHICH OPERATION  PLACE OF INJURY (e. form, factory, steet   | 20A. A   | UTOPSY? (Yes or   | No) 208. IF YES, WEF  | RE FINDINGS C  | ATH?  |
| DICAL                 | OTHER SIGNI TO THE DI DISEASE OR  19A. DATE OF OR CONTRIBU DEATH (notify) 21D. TIME  | DR CONDITIO  | IONS, if ause (A) IN lost.  IDITIONS C NOT RELA CAUSING IT 198. CON WAS PERFORMED IN CONTROL OF THE INTERPOLATION  | ONTRIBUTING TED TO THE T. DITION FOR V ORMED  218. ham etc.)   | DUE TO  (C)  WHICH OPERATION  PLACE OF INJURY (e. form, factory, steet   | 20A. A   | UTOPSY? (Yes or<br>?) C. WHERE DID<br>NJURY OCCUR?  | No) 208. IF YES, WEF  | RE FINDINGS C  | ATH?  |
| CAL                   | DISEASES CONTINUE OF THE DISEASE OR TIPA. DATE OF CONTRIBUTE OF CONTRIBU | OR CONDITION  O OBOVE CONDITION  FICANT CONDITION  OPERATION  NT WAS UNE   | IONS, if ause (A) IN lost.  IDITIONS C NOT RELA CAUSING IT 198. CON WAS PERFORMED IN CONTROL OF THE INTERPOLATION  | ONTRIBUTING ITED TO THE T. DITION FOR V FORMED    218.   ham   etc.)   (Haur)   21E.   Whi   | DUE TO  (C)  WHICH OPERATION  PLACE OF INJURY (e. form, factory, street  INJURY OCCURRED  INJURY OCCURRED  Not V   | 20A. A affice bldg., I   | UTOPSY? (Yes or<br>?) C. WHERE DID<br>NJURY OCCUR?  | No) 208, IF YES, WEI<br>IN CERTIFYING (<br>(If in Baltin  | RE FINDINGS C  | ATH?  |
| MEDICAL               | OTHER SIGNI TO THE DI DISEASE OF  OTHER SIGNI TO THE DI DISEASE OF  OTHER DI DISEASE OF  OTHER DI DISEASE OF  OTHER DI D   | OR CONDITION  O OBOVE C  CONDITION  FICANT CON EATH BUT CONDITION  OPERATION  NT WAS UNE TIME CAU medical exan  (Manth) (D   | IONS, if ause (A) N lost.  IDITIONS C NOT RELACAUSING IT 198. CON WAS PERFORMED SERLYING SERL | ONTRIBUTING ONTRIB | PLACE OF INJURY (e. farm, factory, street  INJURY OCCURRED  INJURY OCCURRED  IN A W  | 20A. A affice bldg., I   | UTOPSY? (Yes or<br>PIC. WHERE DID<br>NJURY OCCUR?   | No) 208. IF YES, WEI<br>IN CERTIFYING (<br>(If in Baltin  | RE FINDINGS C<br>CAUSES OF DE<br>nare City, give o         | ATH?  |
| MEDICAL               | DISEASES CONTINUED TO THE DISEASE OR 19 A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  21 A. COLDEN OF INJURY (APPROX.)   | OR CONDITION OPERATION OT WAS UNE  | IONS, if ause (A) No lost.  IDITIONS C NOT RELA CAUSING I'MAS PERF  DERLYING DERLYIN | ONTRIBUTING TED TO TH T. DITTON FOR V ORMED  218. ham etc.)  (Haur) 21E. Whi Wor   | DUE TO  (C)  WHICH OPERATION  PLACE OF INJURY (e. form, factory, street  INJURY OCCURRED  INJURY OCCURRED  At Which At W | 20A. A g., in or about 2 affice bldg., I   | UTOPSY? (Yes or<br>PIC, WHERE DID<br>NJURY OCCUR?   | No) 208. IF YES, WEI IN CERTIFYING (  (If in Baltin   | RE FINDINGS C<br>CAUSES OF DE<br>mare City, give o         | ATH? exact location)                        |
| MEDICAL               | DISEASES CRISE 1a Ihe UNDERLYING  OTHER SIGNI TO THE DI DISEASE OR  19A. DATE OF  21A. ACCIDEN OR CONTRIBU DEATH (natify)  21D. TIME OF INJURY (APPROX.)  22, I certify that (I) (we)  | PR CONDITION  ODERATION  OPERATION  T WAS UNE  TIMO CAU  medical exam  (Manth) (D  | IONS, if ause (A) No lost.  IDITIONS C NOT RELA CAUSING I' 198. CON WAS PERRY SEE OF niner)  ay) (Year)  s hospital  | ONTRIBUTING ITED TO THE T. DITION FOR V FORMED    218.   ham etc.)   (Haur)   21E.   Whi   Worl   worl   dolive an   | DUE TO  (C)  PLACE OF INJURY (e. e. farm, factory, street  INJURY OCCURRED  ile At   | 20A. A go, in or about affice bldgs, I   | UTOPSY? (Yes or<br>PIC, WHERE DID<br>NJURY OCCUR?<br>PIF, HOW DID I   | No) 208, IF YES, WEI IN CERTIFYING (  (If in Baltin  NJURY OCCUR?   | RE FINDINGS C<br>CAUSES OF DE<br>mare City, give o         | ATH? exact location)                        |
| MEDICAL               | DISEASES CRISE 1a Ihe UNDERLYING  OTHER SIGNI TO THE DI DISEASE OR  19A. DATE OF  21A. ACCIDEN OR CONTRIBU DEATH (natify)  21D. TIME OF INJURY (APPROX.)  22, I certify that (I) (we) and hour once  | PR CONDITION OPERATION OPERATION  That (I) (this last saw the difference of the control of the control operation)  That (I) (this last saw the difference operation)   | IONS, if ause (A) No lost.  IDITIONS C NOT RELA CAUSING I' 198. CON WAS PERRY SEE OF niner)  ay) (Year)  s hospital  | ONTRIBUTING ITED TO THE T. DITION FOR V FORMED    218.   ham etc.)   (Haur)   21E.   Whi   Worl   worl   dolive an   | DUE TO  (C)  WHICH OPERATION  PLACE OF INJURY (e. form, factory, street  INJURY OCCURRED  INJURY OCCURRED  At Which At W | 20A. A go, in or about affice bldgs, I   | UTOPSY? (Yes or<br>PIC, WHERE DID<br>NJURY OCCUR?<br>PIF, HOW DID I   | No) 208, IF YES, WEI IN CERTIFYING (  (If in Baltin  NJURY OCCUR?   | RE FINDINGS C<br>CAUSES OF DE<br>mare City, give of        | exact location)                             |
| MEDICAL               | DISEASES CRISE 1a Ihe UNDERLYING  OTHER SIGNI TO THE DI DISEASE OR  19A. DATE OF  21A. ACCIDEN OR CONTRIBU DEATH (natify)  21D. TIME OF INJURY (APPROX.)  22, I certify that (I) (we)  | PR CONDITION OPERATION OPERATION  That (I) (this last saw the difference of the control of the control operation)  That (I) (this last saw the difference operation)   | IONS, if ause (A) No lost.  IDITIONS C NOT RELA CAUSING I' 198. CON WAS PERRY SEE OF niner)  ay) (Year)  s hospital  | ONTRIBUTING ITED TO THE T. DITION FOR V FORMED    218.   ham etc.)   (Haur)   21E.   Whi   Worl   worl   dolive an   | PLACE OF INJURY (e. e. farm, factory, street in Jury Occurred ide At At When deceased from   | 20A. A affice bldg., I while   | UTOPSY? (Yes or PIC. WHERE DID NJURY OCCUR? PIF. HOW DID I  | No) 208. IF YES, WEI IN CERTIFYING (  (If in Baltin  NJURY OCCUR?  19ta  that In(my) (our) coh.                       | RE FINDINGS C<br>CAUSES OF DE<br>mare City, give o         | exact location)                             |
| MEDICAL               | DISEASES CRISE 1a Ihe UNDERLYING  OTHER SIGNI TO THE DI DISEASE OR  19A. DATE OF  21A. ACCIDEN OR CONTRIBU DEATH (natify)  21D. TIME OF INJURY (APPROX.)  22, I certify that (I) (we) and hour once  | PR CONDITION OPERATION OPERATION  That (I) (this last saw the difference of the control of the control operation)  That (I) (this last saw the difference operation)   | IONS, if ause (A) No lost.  IDITIONS C NOT RELA CAUSING I' 198. CON WAS PERRY SEE OF niner)  ay) (Year)  s hospital  | ONTRIBUTING ITED TO THE T. DITION FOR V FORMED    218.   ham etc.)   (Haur)   21E.   Whi   Worl   worl   dolive an   | PLACE OF INJURY (e. e. form, factory, street INJURY OCCURRED INJURY OCCURRED At Whe deceased from  | 20A. A go, in or about affice bldgs, I   | UTOPSY? (Yes or<br>PIC, WHERE DID<br>NJURY OCCUR?<br>PIF, HOW DID I   | No) 208, IF YES, WEI IN CERTIFYING (  (If in Baltin  NJURY OCCUR?   | RE FINDINGS C<br>CAUSES OF DE<br>mare City, give of        | exact location)                             |
| MEDICAL               | DISEASES CRISE 1a lhe UNDERLYING  OTHER SIGNI TO THE DI DISEASE OR  19 A. DATE OF  21 A. ACCIDEN OR CONTRIBU DEATH (natify)  21 D. TIME OF INJURY (APPROX.)  22, I certify that (I) (we) and hour and 23 A. SIGNATU  23 C. PHYSICIA  | PR CONDITION  ODERATION  OPERATION  OTHER CAN  OPERATION  OTHER CAN  (Manth) (D  that (1) (thi  last saw the d from the co   | IONS, if ause (A) No lost.  IDITIONS C NOT RELA CAUSING I' 198. CON WAS PERRY SEE OF niner)  ay) (Year)  s hospital  | ONTRIBUTING ITED TO THE T. DITION FOR V FORMED    218.   ham etc.)   (Haur)   21E.   Whi   Worl   worl   dolive an   | PLACE OF INJURY (e. e. form, factory, street INJURY OCCURRED INJURY OCCURRED At Whe deceased from  | 20A. A  g., in or about 2  affice bldg., I  While  | UTOPSY? (Yes or PIC. WHERE DID NJURY OCCUR? PIF. HOW DID I  and ady after deat  Med. Director               | No) 208. IF YES, WEF IN CERTIFYING (  (If in Boltin  NJURY OCCUR?  19ta  that In(my) (our) c                          | RE FINDINGS C<br>CAUSES OF DE<br>mare City, give of        | exact location)                             |
| MEDICAL               | OTHER SIGNI TO THE DI DISEASE OR 19A. DATE OF OR CONTRIBU DEATH (naiify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour one 23A. SIGNATU  | PR CONDITION  ODERATION  OPERATION  OTHER CAN  OPERATION  OTHER CAN  (Manth) (D  that (1) (thi  last saw the d from the co   | IONS, if ause (A) No lost.  IDITIONS C NOT RELA CAUSING I' 198. CON WAS PERRY SEE OF niner)  ay) (Year)  s hospital  | ONTRIBUTING ITED TO THE T. DITION FOR V FORMED    218.   ham etc.)   (Haur)   21E.   Whi   Worl   worl   dolive an   | PLACE OF INJURY (e. e. form, factory, street INJURY OCCURRED INJURY OCCURRED At Whe deceased from  | 20A. A affice bldg., I while affice bldg., I  yhile affice bldg., I  yhile affice bldg., I  Aftending affice bldg., I  23D. ADDR | UTOPSY? (Yes or PIC. WHERE DID NJURY OCCUR? PIF. HOW DID I  and ady after deat  Med. Director               | No) 208. IF YES, WEF IN CERTIFYING (  (If in Boltin  NJURY OCCUR?  19ta  that In(my) (our) c                          | RE FINDINGS C<br>CAUSES OF DE<br>mare City, give of        | exact location)                             |
| MEDICAL               | DISEASES OF THE PROPERTY OF THE DISEASE OF THE DEATH (natify LAPPROX.)  21A. ACCIDEN OF CONTRIBUTION OF THE DISEASE OF THE DEATH (natify LAPPROX.)  22. I certify that (I) (we) and hour one 23A. SIGNATU  23C. PHYSICIA NAME (T)  | OR CONDITION  OR CONDITION  FICANT CONDITION  FICANT CONDITION  OPERATION  OPERATION  (Manth) (D  that (1) (this last saw the difference of the condition of th | IONS, if ause (A) No lost.  IDITIONS C NOT RELA CAUSING I' 198. CON WAS PERRY SEE OF niner)  ay) (Year)  s hospital  | ONTRIBUTING ITED TO THE T. DITION FOR V FORMED    218.   ham etc.)   (Haur)   21E.   Whi   Worl   worl   dolive an   | DUE TO  (C)  PLACE OF INJURY (e. e., farm, factory, street  INJURY OCCURRED  INJURY OCCURRED  At W  The deceased from  (We) (did) (did na  | 20A. A graph in or about 2 affice bldg., I  While  | UTOPSY? (Yes or PIC. WHERE DID NJURY OCCUR? PIF. HOW DID I and ady after deat  Med. Director  ESS  Pary/and | No) 208. IF YES, WEF IN CERTIFYING (  (If in Boltin  NJURY OCCUR?  19ta  that In(my) (our) c                          | RE FINDINGS CCAUSES OF DE nare City, give of printer death | exact location)                             |
| MEDICAL               | DISEASES CONSISTED IN TO THE DUSTAGE OF THE DEATH (noisity)  21. A CCIDEN OF THE DUSTAGE OF THE  | PR CONDITION  OPERATION  OPERATION  OPERATION  OPERATION  OPERATION  (Manth) (D  that (1) (thi last saw the d from the co  | IONS, if ause (A) No lost.  IDITIONS C NOT RELACAUSING I' 19B. CON WAS PERFORMED SERLYING SER | ONTRIBUTING TO TH T. DITION FOR V FORMED  21B. ham etc.)  (Haur)  21E. Whi Woo  d attended the d olive an  | DUE TO  (C)  WHICH OPERATION  PLACE OF INJURY (e. e. form, factory, street)  INJURY OCCURRED  INJURY OCCURRED  INJURY OCCURRED  (We) (did) (did no)  MANAGE OF CEMETERY OF   | 20A. A gray in or about 2 affice bldg., 1  While   | UTOPSY? (Yes or PIC. WHERE DID NJURY OCCUR?) PIF. HOW DID I   | No) 208. IF YES, WEI IN CERTIFYING (  (If in Baltin  NJURY OCCUR?  19 to that In (my) (our) of the Phys.  Staff Phys. | RE FINDINGS CCAUSES OF DE parties of DE printer death      | exoct location)  occurred an signed county) |
| MEDICAL               | DISEASES OF THE PROPERTY OF THE DISEASE OF THE DEATH (natify LAPPROX.)  21A. ACCIDEN OF CONTRIBUTION OF THE DISEASE OF THE DEATH (natify LAPPROX.)  22. I certify that (I) (we) and hour one 23A. SIGNATU  23C. PHYSICIA NAME (T)  | OR CONDITION  OR CONDITION  FICANT CONDITION  FICANT CONDITION  OPERATION  OPERATION  (Manth) (D  that (1) (this last saw the district of the condition of the  | IONS, if ause (A) No lost.  IDITIONS CONT RELACAUSING IT 198. CON WAS PERFORM (Year)  Shospital are decease auses state.  Richard Research (20/67)   | ONTRIBUTING TO TH T. DITION FOR V FORMED  21B. ham etc.)  (Haur)  21E. Whi Woo  d attended the d olive an  | PLACE OF INJURY (e. form, factory, street  INJURY OCCURRED  The deceased from  | 20A. A  gain or about 2  affice bldg., I  while  | UTOPSY? (Yes or PIC. WHERE DID NJURY OCCUR?) PIF. HOW DID I   | No) 208. IF YES, WEI IN CERTIFYING (If in Boltin NJURY OCCUR?  19   | RE FINDINGS CCAUSES OF DE parties of DE printer death      | exoct location)  occurred an signed county) |



VS 150-REV. 1/1/65

| IRTH NO.   | 1 -  |  |  |  |  |
|--|--|--|--|--|--|
|  | 67   | 8981 CERTIFICA   | ATE OF DEATH   | Registered No  | 67 928 921   |
| NAME OF DE   |  | 930T 2TKIII.   |  | AND HOUR OF DEATH  | 01 0001  |
| ype or Print)  |  | TRY  |  |  | 1  |
| PLACE OF D   | SH TVES, AT  | NIVA   | 4. USUAL RESIDENCE (W  | 5/67   | institution: residence before admission  |
|  |  |  | A. STATE B. CO   | UNTY   |  |
| FULL NAME  | OF (If not in hospital address ar lacatio  | or institution, give street  | Maryland<br>c. city or town (if  | outside city limits, write   | RURAL and give towaship)   |
| INSTITUTION  |  |  |  |  | 14-01  |
| Rotton 1   | Hill Conveles  | ant & Nursing Ctr.   | D. STREET ADDRESS  | (If rural, give location)  | 11 7   |
|  |  |  | 7126 - 1   | C1 1   |  |
| SEX  | 6. RACE  | 7. MARRIED, NEVER MARRIED  | 8. DATE OF BIRTH   | 9. AGE (In years   | If Under 1 Yr. If Under 24 H   |
| F  | White  | WIDOWED, DIVORCED (specify) Widowed  | 10/1/82  | tast birthdoy)   | Manths Days Hours Min.   |
|  |  | k 10B. KIND OF BUSINESS OR INDUSTR   |  | reign country)   | 12. CITIZEN OF<br>WHAT COUNTRY?  |
| te during mast at  | working life, even if retired)   | 1(34)  | Maryland   |  |  |
| FATHER'S NA  | AAE  |  | 14. MOTHER'S MAIDEN N  | AAAR   | U.S.   |
| I AIREKS NA  |  |  | 170 MOTHER 3 MINIDEN N   | MINIE  |  |
| Henr   | w Wenhoff  |  | Barbara Boo  | ahnlein  |  |
| Wos Decease  | Wenhoff Fever in U. S. Armed For (If yes, give war ar date   | es of service)   1 6. SOCIAL   SECURITY NO.  | 17. INFORMANT  | PI MILE LIT  | ADDRESS  |
| ar writing w   |  | SECORIT NO.  |  |  |  |
| 1B. /  | 2 1/1  | CALISE   | OF DEATH   |  | INTERVAL BETWEEN   |
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| other sign to the UNDERLYIN  OTHER SIGN TO THE DISEASE OR 19A.DATE OF INJURY (APPROX.)  21.D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we and hour or 23A. SIGNAT   | OR CONDITIONS, if the obove couse (A) G CONDITION lost.  II DEATH BUT NOT RELA CONDITION CAUSING F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner  (Manth) (Day) (Year)  y that (I) (this hospita ) last sow the decease of from the couses sto   | contributing the (C)  CONTRIBUTING ATED TO THE IT.  NOTION FOR WHICH OPERATION (FORMED)  21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)  (Haur) 21E. INJURY OCCURRED While At Not What At Work | 20A. AUTOPSY? (Yes or in ar about 21C. WHERE DID affice bidg., INJURY OCCUR?  21F. HOW DID I ille and in a second or in a seco | No) 20B. IF YES, WERI IN CERTIFYING C  (If in Baltimot State of the control of th | E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact lacotion)  19 6  |
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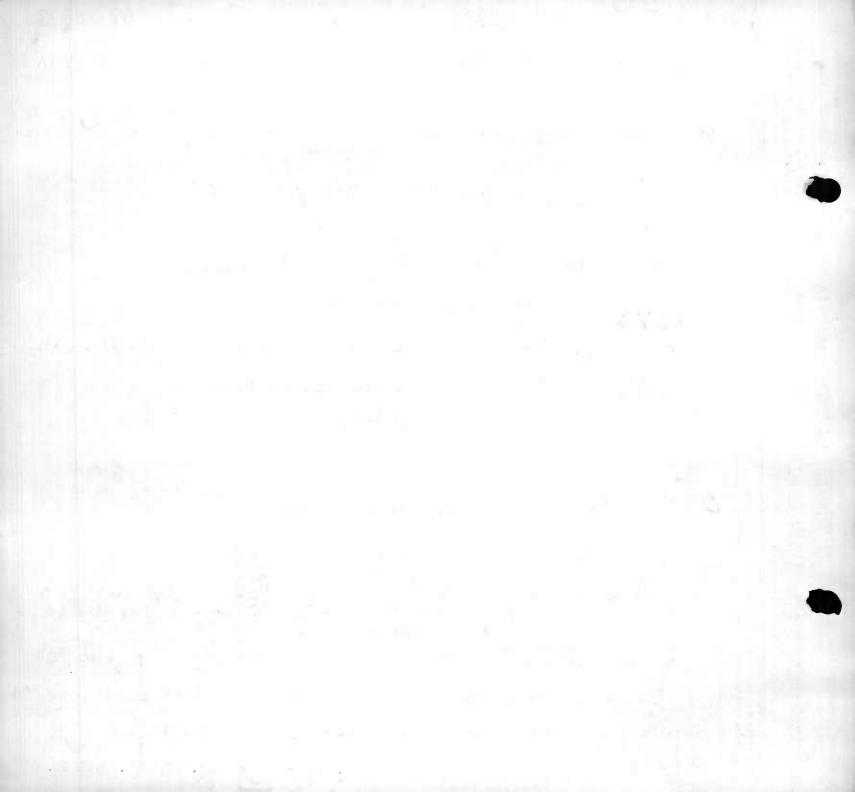


VS 150-REV. 1/1/65

There there were the search that

FUNERAL DIRECTOR: IMPORTANT

| D-120 00   | BALTIMORE CITY                                | HEALTH DEPARTMENT   |                                    | 0000                                  |
|--|---|---|------------------------------------|---------------------------------------|
| війтн NO. 67   | 8983 CERTIFICA                                | TE OF DEATH   | Registered No.                     | 67 8983                               |
| M.E. CASE NO.<br>1. NAME OF DECEASED   |   |   | ID HOUR OF DEATH                   |                                       |
| Type or Print)   | Davis   |   |                                    | 1 12116 1                             |
| B. PLACE OF DEATH IN BALTIMORE, MARYLAND   | Dan's   |   | 6 - 67                             | stilution: residence before admission |
|  |   | A. STATE B. COUN  | ITY                                | smonon. lesidence belole damassion    |
| FULL NAME OF (If not in hospital or instit   | ution, give street                            | Fla.  |                                    | 9                                     |
| HOSPITAL OR oddress or location) INSTITUTION   |   | C. CITY OR TOWN (If ou  | tside city limits, write F         | URAL and give township)               |
| gus PHS Hosp.  | Baltimore, 190                                | It to have  | levolete                           | 1-08                                  |
| 0  | )   | D. STREET ADDRESS   | rutol, give locotion)              |                                       |
|  |   |   |                                    |                                       |
|  | RRIED, NEVER MARRIED OWED, DIVORCED (specily) | B. DATE OF BIRTH  | 9. AGE (In years<br>lost birthday) | Months: Doys Hours Min.               |
| IN W   | Theuried                                      | 5-2-15  | 52                                 |                                       |
| OA. USUAL OCCUPATION (Give kind of work 10B. KE  | ND OF BUSINESS OR INDUSTRY                    | 11. BIRTHPLACE State or fore  | ign country)                       | 12. CITIZEN OF<br>WHAT COUNTRY?       |
| lone during most of working life, even if retired)   |   | 10. 0   |                                    | USA                                   |
| 3. FATHER'S NAME   |   | 14. MOTHER'S MAIDEN NA  | AA E                               | 00311                                 |
| LA LA  | 7   | THE MAN THE STATE OF THE STATE | VIL.                               |                                       |
| William Henry  | 21000   | Cecil   | Owens                              |                                       |
| 5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown! (If yes, give wor or dates of se   | Vice) 1 6. SOCIAL<br>SECURITY NO.             | 17. INFORMANT   |                                    | ADDRESS                               |
| Yes 1937 to 191  |   | chart   |                                    |                                       |
| 18. 1 - 1  | CAUSE O                                       | 1   |                                    | INTERVAL BETWEEN                      |
| DISEASE OR CONDITION DIRECTLY  | 0.10.770                                      |   |                                    | ONSET AND DEATH                       |
| LEADING TO DEATH   |   | ver failu   | ne                                 | 4+ most                               |
| (This does not mean the mode of dying,   | e.g., DUE TO                                  |   |                                    |                                       |
| heart foilure, ostherio, etc. 11 means the di-<br>injury or complication which coused death.)  | _ '   | 1   | 1                                  |                                       |
| ANTECEDENT CAUSES  | (B) L 1                                       | ver metas   | tuses                              |                                       |
|  | DUE TO  | ^   |                                    |                                       |
| DISEASES OR CONDITIONS, if ony,  |   | Lenocarcinon  | now of Sto                         | mach                                  |
| UNDERLYING CONDITION lost.   | , = ,   | ~********************************   |                                    |                                       |
| 11   |   |   |                                    |                                       |
| OTHER SIGNIFICANT CONDITIONS CONTRIL   |   |   |                                    |                                       |
| DISEASE OR CONDITION CAUSING IT.   |   |   |                                    |                                       |
| 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME   | FOR WHICH OPERATION                           | 20A. AUTOPSY? (Yes or No  | IN CERTIFYING CA                   | FINDINGS CONSIDERED                   |
| with liver biopsy H  | bolomnal mas                                  | S No  |                                    |                                       |
| OR CONTRIBUTING CAUSE OF   | 21B. PLACE OF INJURY (e.g., i                 | ffice bldg. INJURY OCCUR?   | ()f in Boltimore                   | City, give exact location)            |
| DEATH (notily medical examiner)  | etc.)   |   |                                    |                                       |
| 21D. TIME (Month) (Doy) (Year) (Hour   | 21E. INJURY OCCURRED                          | 21F. HOW DID INJ  | URY OCCUR?                         |                                       |
| (APPROX)   | While At Not While                            |   |                                    |                                       |
|  | Work At Work                                  |   | , -                                |                                       |
| 22. I certify that (this hospital) atten   | ded the deceased fram                         | July 18   | 19 67 to Se                        | p 16 19 67                            |
| that (we) lost saw the deceased alive  | on Sep 16                                     | 19 67 and th  | ot in (aur) opl                    | nion death accurred on the de         |
| ond hour and fram the couses stoted abo  | ve. (%) (We) (did) (#######)                  |   |                                    |                                       |
| 23A. SIGNATURE N   | N-  |   |                                    | 238. DATE SIGNED                      |
| ( DO ) Y ( DO ) Y  |   | ending Med.   | Stoff 1                            | Sea 16: 67                            |
| 23 C. PHYSICIAN'S  | Phy   | 23D. ADDRESS  | Phys.                              | sep 10) .                             |
| NAME (Type)  | 10  | 23D. ADDRESS  | 1 1 - 11                           | 0 11. 5                               |
| David S. All   | DENTS M.D.                                    | US PMS  | MOSPITEN.                          | Sep 16, 67<br>Boultmore,              |
| 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  | 4C. NAME of CEMETERY OF CR                    | EMATORY 24D. L  | OCATION (CI                        | ly, town, or county) (Stote)          |
| Burial 9/19/67   | Arlington Nation                              | nal Cemetery  | Arlington, V                       | /irginia                              |
|  | AME OF REGISTRAR                              | 25C. FUNERAL DIRECTOR   |                                    | ADDRESS                               |
| OFD 1 0 100T 0   | these are                                     |   |                                    |                                       |
| The state of the s | Farling ()                                    | Wm Cook-Broo  | ks, Inc. 12                        | 17 St. Paul St.                       |
| VS 150-REV, 1/1/65   |   | . 0.0   | out f                              |                                       |



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VS 151-REV. 1/1/65

Howard H. Hubbard, 4107 Wilkens Ave. 21229

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Strengt L. Habitale, all J. Branch

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| M-425   | BALTIMORE CI  | ITY HEALTH DEPARTMENT         | 17                                 | CM DOOM  |
|---|---|-------------------------------|------------------------------------|--|
| BIRTH NO. Fallette, md.   | Onon CERTIFIC   | ATE OF DEATH                  | Registered No.                     | 67 8987  |
| N.E. CASE NO.   | 0307  |                               | ID HOUR OF DEATH                   |  |
|   | JGLAS MILLIGAN  |                               | 15-67                              | 9:20 AM  |
| PLACE OF DEATH IN BALTIMORE, A  | MARYLAND  |                               | re deceased lived. If in           | stitution: residence befare admissio   |
| 5001 MARIE 05 W 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                              | at an total at  | MARYLAND                      |                                    | Deale Tre  |
| HOSPITAL OR oddress or loco   | ol or institution, give street<br>tion)               |                               | tside city limits, write           | RURAL ond give township)   |
| INSTITUTION   |   | ROSEDALE R                    | hadosol                            | 1 Le. Md   |
| THE JOHNS HOPKINS   | 6 HOSPITAL  | D. STREET ADDRESS (If         | rurol, give location)              | 10   |
|   |   |                               |                                    | 37-00  |
| 5. SEX 6. RACE  | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) | B. DATE OF BIRTH              | 9. AGE (In years<br>lost birthdoy) | If Under 1 Yr. If Under 24 H. Months: Doys Hours Min.  |
| MALE WHITE  | NEVER MRRR LED  | 7-2-63                        | 4                                  |  |
|   | ork 108. KIND OF BUSINESS OR INDUST                   |                               | ign country)                       | 12. CITIZEN OF WHAT COUNTRY?   |
| done during most of working life, even if retire                                  |   | Ai a' la M                    | ) A M A                            | A CA.  |
| 13. FATHER'S NAME   | NONE  | 14. MOTHER'S MAIDEN NA        | ME                                 | at 3,700   |
|   |   | 1                             |                                    |  |
| DANIS L. MILLIGAN   | V   |                               | OLLINGER                           | 1000000  |
| 5. Was Deceased Ever in U. S. Armed<br>Yes, no or unknown) (If yes, give wor or d | forces?   16. SOCIAL   SECURITY NO.                   | m Daws LJ                     | nuligan                            | ADDRESS  |
| NO  | NONE  | Rt                            | o deschale                         | ma   |
| 18. 2.04,41   | CAUSE   | OF DEATH                      |                                    | INTERVAL BETWEEN<br>ONSET AND DEATH  |
| DISEASE OR CONDITION  | DIRECTLY  |                               |                                    | ONSET AND DEATH  |
| LEADING TO DEAT   | TH (A) A  | SPIRATION OF B                | LCON                               |  |
| (This does not mean the mode heart failure, asthenia, etc. It mea                 |   |                               | \$                                 | 60 C D D D N (Market Dr.) 7-0 mm2 (7-1-0 mm2) mass as S (4-4 mm2) mass (4-4 mm2) N (4-2 mm |
| injury or complication which cous   | sed deoth.)   |                               | de-                                |  |
| ANTECEDENT CAUS   | SES (B)   | LEUKEMIA                      |                                    |  |
| DISEASES OR CONDITIONS,   |   |                               |                                    |  |
| rise to the obove couse (   |   |                               |                                    | 04 04 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |
| UNOERLYING CONDITION last.  |   |                               |                                    |  |
| Z OTHER SIGNIFICANT CONDITIONS  | CONTRIBUTING  |                               |                                    |  |
| 2 TO THE DEATH BUT NOT R  | ELATED TO THE   |                               |                                    |  |
| DISEASE OR CONDITION CAUSIN   | ONDITION FOR WHICH OPERATION                          | 20A. AUTOPSY? (Yes or No      | o) 208. IF YES. WERE               | FINDINGS CONSIDERED  |
|   | PERFORMED   | YES                           | IN CERTIFYING CA                   | FINDINGS CONSIDERED USES OF DEATH?   |
| U 21A. ACCIDENT WAS UNDERLYING  | 21B. PLACE OF INJURY (e.                              | g, in or obout 21C. WHERE DID |                                    | e City, give exact location)   |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)                           | home, form, foctory, street,                          | , office bldg., INJURY OCCUR? |                                    |  |
| U .   |   | 015                           | 1                                  |  |
| OF INJURY (Month) (Doy) (Ye   |   | 21 F. HOW DID IN              | IURY OCCUR?                        |  |
| (APPROX)  | While At Not V<br>Work At W                           | ork L                         |                                    |  |
| 22. I certify that (1) (this haspi  | tal) attended the deceased fram                       | 8-1-67                        | 19 to 9-19                         | 5-67   |
| that (I) (we) last sow the dece   | 9-15-67   |                               |                                    | nian deoth accurred on the d   |
| OF STREET   |   |                               |                                    | deen deconor on the d  |
|   | stated abave. (I) (We) (did) (did na                  | t) view the bady after death. |                                    | 23B. DATE SIGNED   |
| 23A. SIGNATURE  | N time M.D.   | Attending Med.                | Stoff -                            |  |
| V V   |   | Phys. Director                | Stoff<br>Phys. X x "               | 9-15-67  |
| 23C. PHYSICIAN'S<br>NAME (Type)   |   | 23D. ADDRESS                  |                                    |  |
| JOERG C. WINTE  | RER   | .D. JOHNS HOPKINS             | HOSPITAL                           |  |
| 24A. BURIAL CREMATION, 24B. DATE  | 24C. NAME of CEMETERY of                              |                               |                                    | ity, town, er county) (State)  |
| REMOVAL (Specify)   | win marl "  | at. D                         | 11 4                               |  |
| Durial Dipl   | 7-6' Linehod)   |                               | nookvie                            | ADDRESS ()   |
| 25A. DATE REC'D BY HEALTH DUT.  | 26B. NAME OF REGISTRAR                                | 25C JUNERAL DIRECTO           | = 1)                               | Salin hill   |
| 3EL 79 1901 AR  | 10170   | mary 6                        | > warry                            | safara, well   |
|   |   |                               |                                    |  |

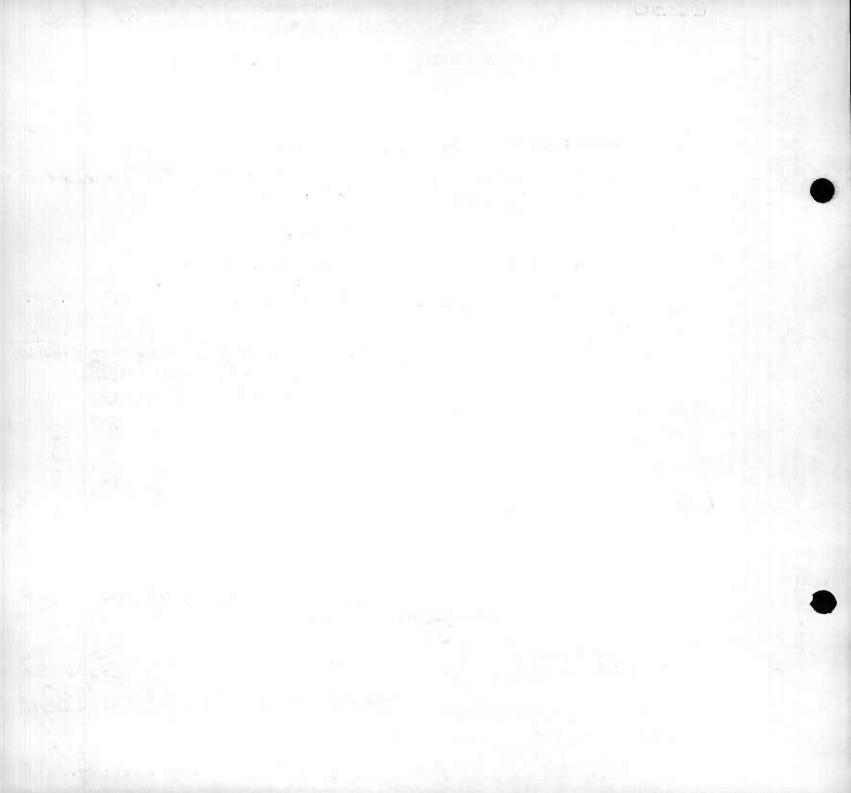
. - Charleston March Analynam C. 211676 21184 me hamed meligion me 5 11 5 18 ... Tailedound physique laws BAROLLEVELL MA Harry Edically Serfel All

IMPORTAN

FUNERAL DIRECTOR:

Late transmit the Married 12/16/83 83 Soll ni Honorige Mr. Hohm Rinsaker Mrs Anna Daphin CHEST 10 218 - 02 20 000

| C-23             | 0  |                 |                           | HEALTH DEPARTMENT                      |                                | Ch                       | 0000                    |
|------------------|--|-----------------|---------------------------|--|--------------------------------|--------------------------|-------------------------|
| BIRTH NO.        | 6  | 7 89            | SS CERTIFICA              | TE OF DEATH                            | Registered Na                  | 0/                       | 8983                    |
| M.E. CASE NO.    | CEASED   |                 | OBINITION I               |  | D HOUR OF DEATH                |                          |                         |
| Type or Print)   | MILDRED S  | STEWART         | CASSIDY                   |  | 16, 1967                       |                          |                         |
| PLACE OF D       | EATH IN BALTIMORE MA                                   |                 | 01100101                  | 4. USUAL RESIDENCE (Where              |                                | stitution: reside        | ance before admission   |
|                  |  |                 |                           | A. STATE B. COUN                       | TY                             | Jinonolla Vestor         | ance belief dentil 3 si |
| FULL NAME        |  | ar institution, | give street               | Maryland                               |                                |                          |                         |
| HOSPITAL OF      | R oddress or lacotic                                   | an)             |                           |  | side city limits, write R      | URAL ond giv             | re tawnship)            |
| 00               |  |                 |                           | City of Balt                           |                                |                          | 11-06                   |
| 00               | Residence: S   | grern A         | partments                 | 701 Cathedra                           | ural, give lacotion)           |                          |                         |
|                  |  |                 |                           | TOI OR OIL CALL                        | 1 DOLCCO                       |                          |                         |
| S. SEX           | 6. RACE  |                 | D, DIVORCED (specify)     |  | AGE (In years<br>ast birthday) | If Under 1<br>Months! Do | Yr. If Under 24 H       |
| Female           | White  | Never           | married                   | Feb. 15, 1894                          | 73 years                       |                          |                         |
| OA. USUAL OC     | CUPATION (Give kind of wor                             | 108. KIND O     | F BUSINESS OR INDUSTRY    | 11. BIRTHPLACE (Stote or foreig        |                                | 12. CITIZEN              |                         |
|                  | ol working lile, even if retired)                      |                 | 0.177                     |  |                                | WHAT                     | COUNTRY?                |
| NON:             |  | N               | ONE                       | Baltimore, Mary                        | yland                          |                          |                         |
| 3. FAIHERS NA    | AME  |                 |                           | 14. MOTHER'S MAIDEN NAM                | A E                            |                          |                         |
|                  | Frank B. Cas   | ssidy           |                           | Estelle I.                             | Stewart                        |                          |                         |
| 5. Was Decease   | ed Ever in U. S. Armed Fa                              | rces?           | 1 6. SOCIAL               | 17. INFORMANT : siste                  | r of Dec'd.                    | AD                       | DRESS                   |
|                  | wn) (If yes, give war ar dat                           | es of service)  | SECURITY NO.              | Elise S.Cassid                         |                                |                          | alto Md                 |
| NO               |  |                 | 220-44-3552               |  | 7.01 00000                     |                          | tel oo s g Mid s        |
| 18.112           | 0.11   |                 | CAUSE O                   | F DEATH                                |                                |                          | ERVAL BETWEEN           |
| DISE             | ASE OR CONDITION DI                                    | RECTLY          | (A)                       | #(0)                                   |                                | 11                       | ·                       |
|                  | LEADING TO DEATH                                       |                 | (a) (IC)                  | le commuc                              | PAR (10A                       | YHALL                    | - MAVA                  |
|                  | not meon the mode of                                   |                 |                           |  | TA                             | THE                      | A                       |
|                  | e, osthenio, etc. Il meons<br>omplication which coused |                 | Dub                       | ON OMALINE (                           | 15 ONITO                       | ALONA                    | V,=                     |
| injury or co     |  |                 | , THE                     | O LOGICA CO                            | green gr                       | 100                      | ce                      |
|                  | ANTECEDENT CAUSES                                      | S               | DUE TO                    | and to take the                        | Xac all                        | 1000                     | <u></u>                 |
|                  | OR CONDITIONS, if                                      |                 |                           |  |                                |                          |                         |
|                  | the above cause (A)                                    | sloling lhe     | (C)                       | ************************************** | .,                             |                          | •••••                   |
| ONDERETT         |  |                 |                           |  |                                |                          |                         |
| Z OTHER SE       |  | CONTRIBUTION    |                           |  |                                |                          |                         |
| TO THE           | NIFICANT CONDITIONS ( DEATH BUT NOT REL.               | ATED TO TH      |                           |  |                                |                          |                         |
|                  | R CONDITION CAUSING                                    | IT.             |                           | TOO A                                  |                                |                          |                         |
| L TYA. DATE      |  | NOITION FOR     | WHICH OPERATION           | 20 A. AUTOPSY? (Yes at Na)             | 20B. IF YES, WERE F            | INDINGS CO               | NSIDERED<br>TH?         |
| 19A. DATE O      |  |                 |                           |  |                                |                          |                         |
| OR CONTRH        | ENT WAS UNDERLYING BUTING CAUSE OF                     |                 |                           | fice bldg., INJURY OCCUR?              | (If in Baltimare               | City, give ex            | act location)           |
| ▼ DEATH (notice) | ify medical examiner)                                  | etc             |                           | and stage, may be a conti              |                                |                          |                         |
| 21D. TIME        | (Manth) (Day) (Year)                                   | (Hour) 21F      | INJURY OCCURRED           | 21F. HOW DID INJU                      | IRY OCCUP?                     |                          |                         |
| 5 01 11430K1     | 1-4, 110011  |                 | nile At Not While         |  | A. OCCOR                       |                          |                         |
| (APPROX.)        |  | Wo              |                           | 4                                      |                                | 0 1                      | 1                       |
| 22. I certif     | y that (1) (this hospita                               | 1) ottended t   | he deceased from          | 1000                                   | 946 10 16                      | John                     | 106                     |
|                  |  |                 | 11 0 11                   | 1 1                                    |                                | July                     |                         |
|                  | e) lost sow the decease                                |                 |                           | 19.6 / ond the                         | t in (my) (our) opin           | ion death o              | ccurred on the          |
| ond hour a       | nd from the couses sta                                 | ited above. (   | l) (We) (did) (did nat) v | iew the bady ofter deoth.              |                                |                          |                         |
| 23A. SIGNAT      | TURE AD CD/  | 1/11            |                           |  |                                | 23B. DATE SI             | GNED                    |
| 1/4              | 101/201  | 1//1/11         | M.D. Alle                 | mding Med.                             | Staff                          | 10-                      | 0 1 1 -                 |
| 238 04VC         | JUAN C./   | MAS             | Phy                       | 23D. ADDRESS                           | Phy s.                         | 109                      | tpv. b                  |
| PANE             | (Type)   |                 | U                         | D. ADDRESS                             | 1) 00                          | 0                        | 14. 01.                 |
| 1                | V  |                 | M.D.                      | 2123 11.16                             | mres St                        | 13aV                     | 0/8 W/                  |
| 4A. BURIAL CR    | REMATION, 248. DATE                                    | 24C. N          | AME of CEMETERY of CRE    | MATORY 24D. LO                         | CATION (Cir                    | y, lown, or co           | univ) (State            |
| REMOVAL          | (Specify)  |                 |                           |  | ,011                           | ,,,                      | , taldle                |
| Buria            |  |                 | athedral Ceme             |  | timore, Mar                    | yland                    |                         |
| SA. DATE MES     | D-BY HEALTH DEPT                                       |                 | OF REGISTRAR              | 25C. FUNERAL DIRECTOR                  |                                |                          | ADDRESS                 |
| OLI              | + 9 1201 (166  | 25 E.           | table Mile                | STOLAGE SOME                           | EN CO.108                      | Nonth                    | Av., City               |
| S 150-REV 1/1    | 1/65   |                 |                           | COLUMN GIMO                            | AUT. OO TOO!                   | · NOT OIL                | AV., UI LY              |



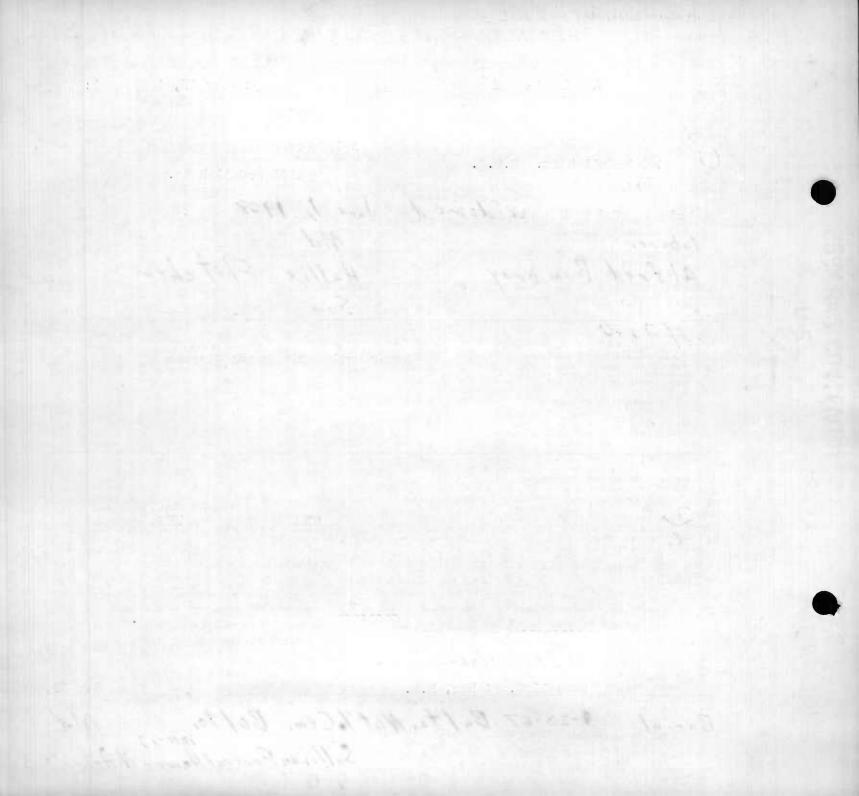
| (+-65             | 5                                 |                 | BALTIMORE CITY                                    | HEALTH DEPARTMENT                     |                      | 67 0000   |
|-------------------|-----------------------------------|-----------------|---|---------------------------------------|----------------------|---|
| BIRTH NO.         | 67                                | 899             | CERTIFICA   | TE OF DEATH                           | Registered Na        | 67 8930   |
| M.E. CASE NO.     | CEASED                            |                 |   |                                       | HOUR OF DEATH        |   |
| Type or Print)    |                                   | Anne Go:        | nman  |                                       |                      | 7 17.15 5 8   |
| 3. PLACE OF D     | EATH IN BALTIMORE, MA             |                 | Lindii  | MA USUAL PESIDENCE (Where             | nber 16, 196         | 7 1:15 P.M.   |
|                   |                                   |                 |   | A. STATE B. COUNT                     |                      | monon. lesidence belore dumissio                        |
| FULL NAME         |                                   | or institution, | give street                                       | Maryland                              | Baltimore C          | ity 21207   |
| HOSPITAL OF       | oddress or location               | on)             |   | C. CITY OR TOWN (If outs              |                      |   |
|                   | 1                                 |                 |   | Baltimore                             |                      | 28-41   |
| aL                | Villa S                           | Saint Mi        | chael   |                                       | rol, give location)  |   |
|                   | Baltimo                           | ore. Mar        | vland 21207                                       | 4000 Forest H                         | Hill Road            |   |
| S, SEX            | 6. RACE                           |                 |   |                                       |                      |   |
| F.                | White                             | WIDOWED         | never MARRIED<br>o, DIVORCED (specify)<br>married | April 5, 1876                         | ost birthdoy)        | tf Under 1 Yr. If Under 24 Hr<br>Months Doys Hours Min. |
|                   | CUPATION (Give kind of wor        |                 | BUSINESS OR INDUSTRY                              | 11. BIRTHPLACE (State or foreig       | n country)           | 12. CITIZEN OF  |
|                   | of working life, even if retired) |                 |   | 01 3 1 3 1                            |                      | WHAT COUNTRY?   |
|                   | - nurse                           | Sister          | of Charity  | Shelderale, Mi                        |                      | United States   |
| 3. FATHER'S NA    | AME                               |                 |   | 14. MOTHER'S MAIDEN NAM               | IE .                 |   |
| David (           | Gorman                            |                 |   | Johanna Kenne                         | dv                   |   |
|                   | ed Ever in U. S. Armed Fo         | arces?          | 1 6. SOCIAL                                       | 17. INFORMANT                         | .43                  | ADDRESS   |
| Yes, no or unknov | vn) (If yes, give wor or dol      | tes of service) | SECURITY NO.                                      | INTORVINIT                            |                      | UDDIE33   |
| No                |                                   |                 | 220-48-5047                                       | Sister Andre                          | a                    |   |
| 18. / 64 6        | 7 7                               |                 | CAUSE O   | <u> </u>                              |                      | INTERVAL BETWEEN  |
| DISE              | ASE OR CONDITION D                | IDECTI V        |   |                                       |                      | ONSET AND DEATH   |
| 5,52,             | LEADING TO DEATH                  |                 | 0   |                                       |                      | 18 months   |
| (This does        | nol meon the mode o               | l dying, e.g.,  | DUE TO  | ancer of bladder                      | and uterus           | TO MOITUIS  |
| heort foilure     | , osthenio, etc. II meon          | s the diseose,  |   |                                       |                      |   |
| injury or co      | omplication which couse           |                 |   |                                       |                      |   |
|                   | ANTECEDENT CAUSE                  | S               | DUE TO  |                                       |                      |   |
| DISEASES          | OR CONDITIONS, if                 | ony, giving     |   |                                       |                      |   |
|                   | he obove couse (A)                | sloting the     | (c) C   | ardio-vascular                        |                      | several days  |
| UNDERLYIN         | NG CONDITION lost.                |                 |   |                                       |                      |   |
|                   |                                   |                 |   |                                       |                      |   |
| OTHER SIG         | NIFICANT CONDITIONS               | CONTRIBUTING    | 3   |                                       |                      |   |
| DISEASE O         | DEATH BUT NOT REL                 |                 | E   |                                       |                      |   |
|                   | OF OPERATION 198. COL             | NDITION FOR     | WHICH OPERATION                                   | 20A. AUTOPSY? (Yes or No)             | 208. IF YES, WERE FI | NDINGS CONSIDERED                                       |
| 19A. DATE O       | ne WAS PEI                        | RFORMED         |   |                                       | IN CERTIFYING CAU    | SES OF DEATH?   |
| U 21 A. ACCID     | ENT WAS UNDERLYING                | 23.8            | PLACE OF INITION IS A                             | or chaut 21 C WHERE DID               | Uf in Boltimore      | City, give exact location)                              |
| _ OR CONTRI       | BUTING CAUSE OF                   |                 |   | fice bldg., INJURY OCCUR?             | tit in politimore    | City, give exoct loconon)                               |
| DEATH (not        | fy medical examiner)              | etc.            |   |                                       |                      |   |
| 0 21 D. TIME      | (Month) (Doy) (Year)              | ) (Hour) 21E.   | INJURY OCCURRED                                   | 21 F. HOW DID INJU                    | RY OCCUR?            |   |
| OF INJURY         |                                   | Wh              | ile At Not While                                  | e 🦳                                   |                      |   |
| (APPROA)          |                                   | Wo              | rk  |                                       |                      |   |
| 22. I certif      | y that (1) (this hospite          | al) ottended t  | he deceased from                                  | April 1                               | 52 to                |   |
|                   |                                   |                 |   | 19 67                                 | * in/mu\ /a\ a=!=    | ion deoth occurred on the do                            |
|                   |                                   |                 |   |                                       | TIN(my) (our) opin   | ion georn occurred on the do                            |
| and hour a        | nd from the causes sto            | oted obave. (I  | ) (We) (did) (did not) v                          | iew the body ofter death.             |                      |   |
| 23A, SIGNA        | TURE                              | 00              |   |                                       |                      | 23B. DATE SIGNED  |
| 1                 | neur all VIII                     | 1/1/11          | M.D. Atte   | ending Med. Director                  | Stoff<br>Phys.       |   |
| 225 21111         | vincey/le                         | wy              | Phy   |                                       | rnys.                |   |
| 23C. PHYSIC       | (Type)                            | 1               |   | 23D. ADDRESS                          | 1/11                 | 11.14- 711  |
| 100               | 1                                 | //              | M.D.  | J326 MMAS                             | ELLM BAS             | 2141791111  |
| 24A. BURIAL CI    | REMATION, 248. DATE               | 24C. N          | AME of CEMETERY OF CRE                            | MATORY 24D. LO                        | CATION (City         | , town, or county (Stote)                               |
| REMOVAL           | (Specify)                         |                 |   |                                       | F                    | Baltimore, Md.  |
| Buri              | al 9/19/6                         | 7 Se            | ton Cem. (on                                      | property of Se                        | ton Inst. I          | Reisterstown Rd.  |
| SA. DATE REC      | D BY HEALTH DEPT.                 | 25B. NAME       | OF REGISTRAR                                      | 25C. FUNERAL DIRECTOR                 |                      | ADDRESS   |
| SEP               | 19 196/ (17.0.                    | 15 8 40         | Liber Mills                                       |                                       |                      | W.North Av.Cit  |
|                   | 4000                              | タイプ・ガ           |   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 11011 0009100        | , ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                 |
| /S 150-PEV 1/     |                                   |                 |   |                                       |                      |   |

force the later of the same of 67 8991 BALTIMORE CITY HEALTH DEPARTMENT

AL EVAMINED'S CEDTIFICATE OF DEATH 8 ...... 67 8991

| MEDICAL EXAMINER'S CI  | EKTIFICATE OF DEATH Registered No.   |
|--|--|
| M.E. CASE NO.  |  |
| NAME OF DECEASED Type or Print)  | 2. DATE AND HOUR PRONOUNCED DEAD   |
| MELVIN BUMBRAY   | September 15, 1967   1:21 p м.   |
| PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  | 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY  Manual and |
| ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) STITUTION  | Maryland C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)                                |
| 00   | Baltimore  D. STREET ADDRESS (If rurol, give location)   |
| 2133 McCulloh St. D.O.A.   | 2133 McCulloh St.  |
| SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  | B. DATE OF BIRTH  9. AGE (In years last birthday)  1908  9. AGE (In years last birthday)  Manths Days Haurs Min.     |
| Male Colored Wild Divide Kind of work 108. KIND OF BUSINESS OR INDUSTRY  |  |
| FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |
| Alfred Bum bray  | Hallie 1-let cher  |
| S. WAS DECEASED EVER IN U.S. ARMED FORCES?"  16. SOCIAL  SECURITY NO.  | 17. INFORMANT ADDRESS  |
| IIB. CAUSE   | OF DEATH INTERVAL BETWEEN  |
| CAUSE  | E OF DEATH INTERVAL BETWEEN ONSET AND DEATH  |
| UNDERLYING CONDITION LAST.  (C)  |  |
| DISEASE OR CONDITION CAUSING IT.   |  |
| 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  | 20A. AUTOPSY? (Yes at No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YES  YES             |
| 21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)   | in ar about 21 C. WHERE DID (If in Baltimare City, give exact location)  |
| OF INJURY  | 21F. HOW DID INJURY OCCUR?   |
| 22   | tapsy X and that an this basis, death in my apinion  |
| resulted fram: Natural causes X Accident Suicid  | (37)   |
| ACTUAL SIGNATURE M.D   | CHIEF MEDICAL EXAMINER A DATE SIGNED   |
| EXAMINER'S NAME (Type) Russell S. Fisher, M.D.   | ASSOCIATE MEDICAL EXAMINER September 15, 1   |
| 3A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY OF PARTIES A PARTIE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PARTIES AND ASSESSED FOR THE PARTIES AN | at 1. Cem. Bulto, Md   |
| 4A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR  | 24C. FUNERAL DIRECTOR 1011-13 ADDRESS  |
| SEP 20 1967 Robert E, Farleyn  | & Sullivan Funeral Home - Ni Arlington   |
| S 151-REV. 1/1/65  | 00011  |

967000901



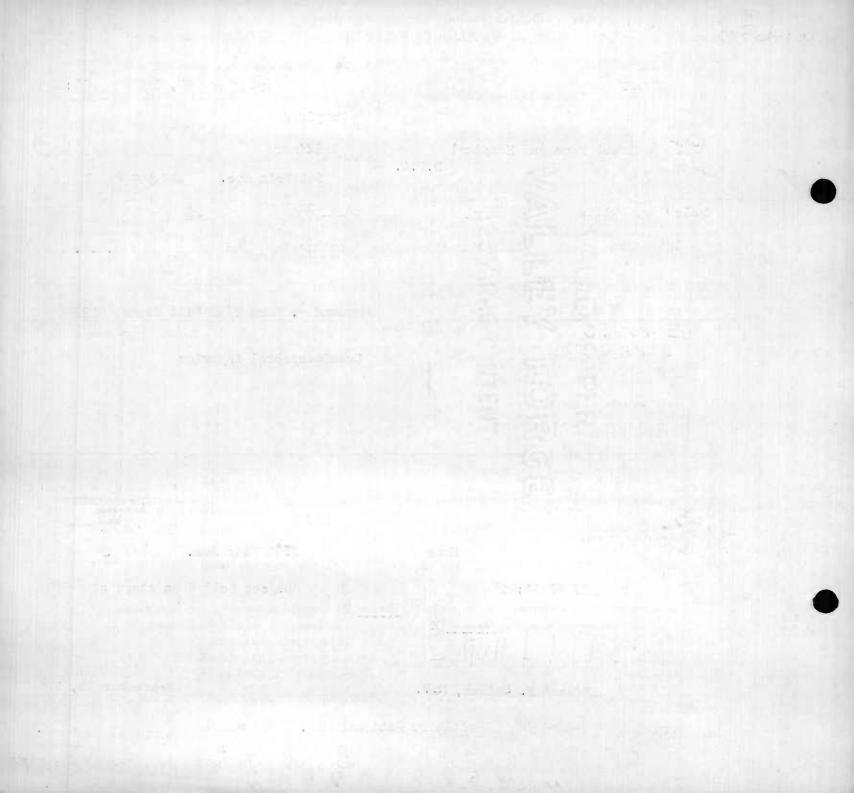
| D-625   | BALTIMORE CITY                                  | Y HEALTH DEPARTMENT            |                                      | 67 8992   |
|---|---|--------------------------------|--------------------------------------|---|
| BIRTH NO.   | QQQQ CERTIFICA                                  | TE OF DEATH                    | Registered Na                        | 07 0332   |
| M.E. CASE NO.   | 3006  |                                | D HOUR OF DEATH                      | 7   |
| (Type or Print) William A   | Dooschiu  | 1000 114x                      | m 9/17                               | 1671  |
| B. PLACE OF DEATH IN BALTIMORE, MARYLAN   | Denscrip  | 4. USUAL RESIDENCE (When       | e deceased tyled. If it's            | titutian: residence befare admission)                     |
| FULL NAME OF (If not in haspital or insti   | tution our short                                | A. STATE D. COUR               | 20.6                                 | 150-00  |
| HOSPITAL OR oddress or location)  | iorian, give sweet                              | C. CITY OR TOWN JIF out        | side city limits, write RI           | URAL and give township                                    |
| 3 4   |   | HA                             | vover.                               | MARVIAUD.   |
| 71.0  | 11 .1 ,   |                                | rural, give location)                | 1. D.   |
| BON Sacours 1   | tospITA/  | Kti 2 B                        | 0x 26/                               | FOREST HUE  |
|   | ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) |                                | 9. AGE (In years<br>lost birthday) / | If Under 1 Yr. If Under 24 Hrs.<br>Manths Days Haurs Min. |
| Male White  | Married   | 1-11-25                        | 42                                   |   |
| IOA, USUAL OCCUPATION (Give kind of work 10 B, KI   | ND OF BUSINESS OR INDUSTRY                      | 11. BIRTHPLACE (State or forei | gn country)                          | 12. CITIZEN OF WHAT COUNTRY                               |
|   | eamship Co.                                     | MAPN                           | In del                               | Draping &   |
| 3. FATHER'S NAME  | eambile oo                                      | 14. MOTHERS MAIDEN NAM         | ME                                   | JIIII CARE  |
| Henry Paul Derschinger  | r   | Dolly Jones                    |                                      |   |
| 5. Was Deceased Ever in U. S. Armed Forces?   | 11.6. SOCIAL                                    | 17. INFORMANT                  |                                      | ADDRESS   |
| Yes, no or unknown) (If yes, give wor or dotes of so  | 218-18-7491                                     | Delama E Dame                  | ahdaaaa a                            |   |
| Yes WWII  |   | Belerma E. Ders                | curuger - as                         |   |
| 7 < 0 1   |   | OF DEATH                       |                                      | ONSET AND DEATH   |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  |   | MBOSIS OF LEFT (               | TADALLARY Arts                       | 1 day   |
| (This does not mean the mode of dying,  | e.g., DUE TO                                    |                                | OKONAN TOTAL                         | 7   |
| heart failure, asthenio, etc. It means the di<br>injury or complication which coused death.             |   | . 1 1. 11                      | 1 > 1                                | **  |
| ANTECEDENT CAUSES   | (B) HETE  | eiosclerotic Hear              | t Disease                            | LYEARS  |
| DISEASES OR CONDITIONS, if any,   | DUE TO giving                                   |                                |                                      |   |
| rise to the obove cause (A) sloting   |   |                                |                                      |   |
| UNDERLYING CONDITION lost.  |   |                                |                                      |   |
| OTHER SIGNIFICANT CONDITIONS CONTRI   | RUTING  |                                |                                      |   |
| OTHER SIGNIFICANT CONDITIONS CONTRI<br>TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. | TO THE  |                                |                                      |   |
|   | FOR WHICH OPERATION                             | 20A. AUTOPSY? (Yes or No       | 20B. IF YES, WERE FI                 | NDINGS CONSIDERED   |
| 198. CONDITION WAS PERFORME   | D   | Yes                            | IN CERTIFYING CAU                    | SES OF DEATH?   |
| U 21 A. ACCIDENT WAS UNDERLYING   | 218 PLACE OF INJURY (e.g.,                      | in ar about 21 C. WHERE DID    |                                      | City, give exact location)                                |
| OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  | hamo, farm, factory, street, o                  | SHICO BIDG., INJURY OCCUR?     |                                      |   |
| Q 21D. TIME (Manth) (Day) (Year) (Hau   | 1 21E. INJURY OCCURRED                          | 21 F. HOW DID INJ              | URY OCCUR?                           |   |
| OF INJURY (APPROX.)   | While At Not Whi                                |                                |                                      |   |
|   | Wark   At Wark                                  |                                |                                      | 6 1.3   |
| 22. I certify that (M) (this hospital) atte   |   |                                | 9 <u>6</u> / ta                      | 9 /17 19 67.  |
| that (M) (we) last saw the deceased aliv  |   |                                | at in ( <del>my)</del> (aur) apln    | ian death accurred an the date                            |
| and haur and from the causes stated ab  | ave. HT (We) (did) ( <del>did not)</del>        | view the bady after death.     |                                      |   |
| 23A. SIGNATURE  | -61   |                                |                                      | 23B. DATE SIGNED  |
| auget is for  | M.D. All  | onding Med. Director           | Staff<br>Phys. 2                     | 9/17/67   |
| 23C. PHYSICIAN'S<br>NAME (Tyge)   | 11 -  | 23D. ADDRESS                   | 1400                                 | a not end   |
| ANGEL S. G.   | ON 2 ALEZ. M.D.                                 | Bon Seco                       | uns 1105                             | p-Balt-Md-  |
| 24A. BURIAL CREMATION, 24B. DATE  | 24C. NAME of CEMETERY of CR                     | EMATORY 24D. LO                | OCATION (City                        | r, town, or county) (State)                               |
| Burial 9-20-1967  | Cedar Hill Ceme                                 | terv Rit                       | chie Hewy                            | A. A. Co., Md.  |
|   | AME OF REGISTRAR                                | 25C. FUNERAL DIRECTOR          |                                      | ADDRESS   |
| SEP 20 1967 (R)   | 6 E. Fallina                                    |                                |                                      | tchie Hgwyl, Balto.                                       |
| VS 150-REV. 1/1/65  | U GANGARAMA                                     | 90                             | 0                                    |   |

But Secones Hospital Rt. 2 Box 24 Forest Fire. 1-11-25 42 American 

h = d 75= 55

## 67 8993 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8555

| M.8           | CASE NO.              |                    |                   |                  |                                     |   |                    |                          |                  |                   |                     |
|---------------|-----------------------|--------------------|-------------------|------------------|-------------------------------------|---|--------------------|--------------------------|------------------|-------------------|---------------------|
| 1. P          | NAME OF DE            | CEASED             |                   |                  |                                     | 2. DATE AND HOUR PRONOUNCED DEAD        |                    |                          |                  |                   |                     |
| 1 . 7 8       |                       | ORGE WAI           | RD                |                  |                                     |   | Sept               | ember 17,                | 1967             | 12:1              | LO P.               |
| 3. P          |                       |                    | LAND, WHERE       | PRONO            | JNCED DEAD                          | 4. USUAL RESID                          |                    | deceased lived. If ins   | titution: reside |                   |                     |
|               |                       |                    |                   |                  |                                     | Mary 1                                  | and                | B. CO                    | UNIT             |                   |                     |
| HO            | L NAME OF             | (IF NOT I          | OR LOCATION       | INSTITU          | JTION, GIVE STREET                  | C. CITY OR TO                           | WN (If outside     | e corporate limits, writ | e RURAL on       | give townsh       | nip)                |
| INS           | TITUTION              |                    |                   |                  |                                     |   |                    |                          |                  | 1-1               | 12                  |
|               | 35 -                  | Church 1           | Home and          | Hosp             | oital                               | D. STREET ADD                           | imore              | rive teacher)            |                  | 10                | 7                   |
|               | 00                    |                    |                   |                  | D.O.A.                              |   |                    |                          |                  |                   |                     |
| - 4           | 57 LA                 | Transport          |                   |                  |                                     |   | 2 Fait             |                          | 221              |                   |                     |
| 5. \$         | EX                    | 6. RACE            | 7. M              | ARRIED,<br>OWED. | NEVER MARRIED<br>DIVORCED (specify) | 8. DATE OF BIRT                         | н                  | 9. AGE (In years         | Months D         | Yr. If Under      | r 24 Hrs.<br>. Min. |
| 7             | fale                  | White              |                   | 2.0              |                                     | 70 6 70                                 | 008                |                          |                  | ,                 |                     |
| 10A.          | USUAL OCC             | UPATION (Give      | kind of work 10B. | KIND O           | ried<br>F BUSINESS OR INDUSTR       | Y 11. BIRTHPLACE                        | State or foreig    | n country)               | 12. CITIZET      |                   |                     |
| done          |                       | working life, ever |                   |                  | Hi .                                | 202                                     |                    |                          | WHAT             | COUNTRY?          |                     |
| 13. F         | Maintar<br>ATHERS NAM | lence              | V                 | LLLa             | Gardens                             | Westmi                                  | nster              | •Md                      | U                | S.A.              |                     |
|               | Alliens III           | VIL.               |                   |                  |                                     | 14. MOTHER'S M                          | AIDEN NAME         |                          |                  |                   |                     |
|               |                       |                    | nknown            |                  |                                     |   |                    | Unknow                   |                  |                   |                     |
|               |                       |                    | S. ARMED FOR      |                  | 16. SOCIAL<br>SECURITY NO.          | 17. INFORMANT                           |                    |                          | ADDRESS          |                   |                     |
|               | Yes                   | WW                 |                   | CIVICE           | /                                   | Parmand                                 | L Word             | OC).0 TELL               | A                | 07.007            |                     |
| -             | 18.                   | 11 11              | 1,1,              |                  | -                                   |   | - ward             | 2542 Fait                |                  |                   |                     |
|               | = 9                   | 00.0               |                   |                  | CAUSI                               | OF DEATH                                |                    |                          |                  | NTERVAL BE        |                     |
|               | DISEA                 |                    | ITION DIRECTL     | Υ .              |                                     |   |                    |                          |                  |                   |                     |
|               | ATT .                 | LEADING T          |                   |                  | (A)                                 | Cranioc                                 | erebral            | injuries                 |                  |                   |                     |
|               | heort foilure         | not meon the       | mode of dying     | iseose,          | DUE TO                              |   |                    |                          |                  |                   |                     |
|               | injury or co          | mplication which   | h coused deoth.)  |                  |                                     |   |                    |                          |                  |                   |                     |
|               |                       | ANTEGEDENT         | CAMER             |                  |                                     |   |                    |                          |                  |                   |                     |
|               |                       | ANTECEDENT         |                   |                  | (B)                                 |   | ******             |                          |                  |                   |                     |
|               | RISE TO TH            | LE ABOVE CAL       | DNS, IF ANY, O    | G THE            | DUE TO                              |   |                    |                          |                  |                   |                     |
|               | UNDERLYI              | NG CONDITIO        | ON LAST.          |                  | 401                                 |   |                    |                          |                  |                   |                     |
| 6             |                       |                    |                   |                  | (C)                                 | *************************************** | ***************    |                          |                  | ***************** | ***********         |
| Ĕ             |                       | II                 |                   |                  |                                     |   |                    |                          |                  |                   |                     |
| CERTIFICATION |                       |                    | NOT RELATED       |                  |                                     |   |                    |                          |                  |                   |                     |
| 뜬             |                       | R CONDITION        |                   | 10 1             |                                     |   | ••••               |                          |                  |                   |                     |
| 8             | 19A. DATE O           | PERATION           |                   |                  | WHICH OPERATION                     | 20A. AUTOPSY                            |                    | 20B. IF YES, WERE F      |                  |                   | -                   |
| O             | J.                    |                    | WAS PERFORM       | ED               |                                     | YES                                     |                    | IN CERTIFYING CAU        |                  | TH?<br>ES         |                     |
| 4             | 21 A. EXTERNA         | L CAUSE WA         | S                 | 21 B.            | PLACE OF INJURY (e.g.,              |   |                    | If in Boltimore City, a  |                  |                   |                     |
| MEDICA        | UNDERLYING            | OR CONTRIB-        |                   | home<br>etc.)    | , form, foctory, street,            | office bldg., INJURY                    | OCCUR?             |                          | /                | 2                 |                     |
| 의             | O III O - CAC         | SE OF DEATH        |                   | 010.7            | Home                                |   | 2542 F             | ait Ave.                 | 1-0              | 0                 |                     |
|               | 21D TIME              | (Month) fD         | ay) (Yeor) (H     | lour) 2          | 1E. INJURY OCCURRED                 | 21 F. H                                 | DENI DID WC        | RY OCCUR?                |                  |                   |                     |
|               | (APPROX.)             |                    | 7 67 11           | , Falv           | WHILE AT NOT                        | WHILE X                                 | g .1. t            | + C.77 1                 |                  | hot               | me                  |
|               | 22.                   | 9 1                | 17 67 11:         | 45m. V           | VORK L AT W                         | ORK LAL                                 | Subjec             | t fell down              | steps            | atomor            | -                   |
|               |                       | tify that I he     | ld on Inquir      | у 🗌              | Inspection Au                       | topsy X one                             | that on thi        | s bosis, death in        | my opinion       |                   |                     |
|               |                       | land fromt No      | oturol couses     |                  | [ ]                                 |   |                    |                          |                  |                   |                     |
|               | 1950                  |                    | ororor couses     | 1-               | Accident X Suicid                   |   |                    | Indetermined monn        | er               |                   |                     |
|               | ACTUA                 | · KA               | 1 1               | 1.               | Λ .                                 |   |                    | AMINER                   |                  | DATE SIG          | NED                 |
|               | SIGNAT                |                    | wit +             | - V              | VILE 40                             | ASSISTANT M                             | EDICAL EX          | AMINER X                 |                  | DATE STO          |                     |
|               | EXAMIN                |                    |                   |                  |                                     | ASSOCIATE M                             |                    |                          |                  |                   |                     |
|               | NAME (                |                    | dward F           | 1.74 1           | son. M.D.                           |   |                    |                          | eptembe          | r 18.             | 1967                |
|               | SURIAL CRE            | MATION, 23B        | L DATE            |                  | C. NAME OF CEMETERY                 | CREMATORY                               | 23D. L             |                          | , town, or co    |                   | Stote)              |
| REA           | MOVAL (Specif         | λ)                 |                   |                  |                                     |   |                    |                          |                  |                   |                     |
|               | Buris<br>DATE REC'D   |                    | 9-20-1967         | 7                | Baltimore Nat                       | tional Cem                              | Le <sup>d</sup> al | timore                   |                  | ,                 | Md.                 |
| 24A           | DATE REC'D            | BY HEALTH          | DEPT. 24B.        | NAME             | OF REGISTRAR                        |   | AL DIRECTOR        |                          | A                | DRESS             | 36)                 |
|               |                       | CED OA             | 1007              | 0 0              | 070                                 | 9                                       | 0 4                | 1                        |                  |                   | 1 m                 |
|               |                       | SEP 20             | 130/              | Karal            | TE STONEUPAR                        | daso                                    | ahms               | summertal to             | 50ne 72          | 10/10             | Kousk               |



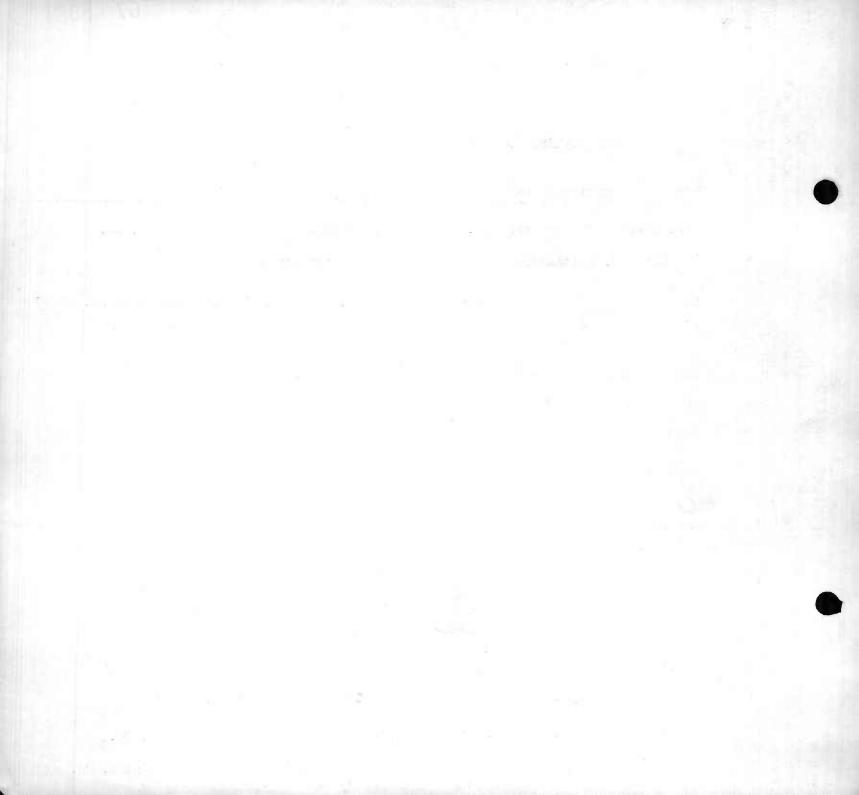
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VS 150-REV. 1/1/65

Sucho

| BIRTH NO.   | 8994 CERTIFICA  | ALL OF DEATH   |   |  |
|---|---|--|---|--|
| M.E. CASE NO.  1. NAME OF DECEASED  |   | 2 DATE AND   | HOUR OF DEATH   |  |
| Type or Print) HARRY O. WHJ   | TOUTHOUT  |  |   |  |
| 3. PLACE OF DEATH IN BALTIMORE MARY   |   | 4. USUAL RESIDENCE (Where  | ept. 1967   | atitution maidenes before admi   |
| FULL NAME OF (If not in hospital or oddress or location)  | r institution, give street  | Md. Bal  | timore C  | RURAL and give township)   |
| INSTITUTION   |   |  | be city minus, wine i   | 1 3  |
| 2 2 - 1 - 1   |   | Rosedale D. STREET ADDRESS (If ru  | ol, give location)  | 03-00  |
| 3 3 Johns Hopkins   | s Hospital  | D. STREET ADDRESS (II TO   | oi, give locotion)  |  |
|   |   | 1215 62nd St.  | # 06  |  |
| 5. SEX   6. RACE   7  | . MARRIED, NEVER MARRIED  |  | AGE (In years   | If Under 1 Yr. , If Under 24   |
| Male Caucasian  | widowed, DIVORCED (specify) married   |  | st birthday)  | Manths Days Hours M  |
| OA, USUAL OCCUPATION (Give kind of work)  |   | 6 May 1904   | 63  | 12. CITIZEN OF   |
| Ione during most all warking life, even if retired)   | OB. KIND OF BOSINESS OK INDOSTR   | II. BIKIHFLACE (Store of foreign   | country)  | WHAT COUNTRY?  |
| time clerk  | can mfr.  | Maryland   |   | U.S.A.   |
| 3. FATHER'S NAME  | CCT INTT  | 14. MOTHER'S MAIDEN NAM  |   | U.D.A.   |
|   |   |  |   |  |
| Harry O. Whittemo   | ore   | Sara Humes   |   |  |
| 5. Was Deceased Ever in U. S. Armed Force   | 1 6. SOCIAL   | 17. INFORMANT  |   | ADDRESS  |
| Yes, no or unknown) (If yes, give wor or dotes  | of service) SECURITY NO.  |  |   |  |
| no  | 215-09-6322   | Mrs. Helen Whit  | temore. 121   | 15 62nd St. 2123   |
| 18. 44. 0 0 . 1 1   | CAUSE   | OF DEATH   |   | INTERVAL BETWEEN   |
| DISEASE OR CONDITION DIRE   | CTIV  | 1 1  | 10 1 ·  | ONSET AND DEATH  |
| LEADING TO DEATH  | (00   | we Coronary  | ( Vanturen  | the l  |
|   | (A) CCC   | are country  | O co caro   | 70   |
| (This does not mean the made of d<br>heart failure, asthenia, etc. It means the   |   | $\sim \Lambda$   |   |  |
| injury or complication which caused d   |   | (1.1)  | N.  |  |
| ANTECEDENT CAUSES   | (B) (C4   | mary wary  | V Welles  | >  |
|   | DUE TO  |  | 1 1 1 1 1 1 1   |  |
|   |   | 1 1  |   | ## ###################################   |
| DISEASES OR CONDITIONS, if on   | ny, giving  | 1 1  |   |  |
| rise to the obove cause (A) s   | ny, giving  | 1 1  |   |  |
|   | ny, giving  |  |   |  |
| rise to the obove cause (A) s   | ny, giving  |  |   |  |
| rise to the obove couse (A) s UNDERLYING CONDITION lost.  | ny, giving stoling the (C)  |  |   |  |
| rise to the obove couse (A) s UNDERLYING CONDITION lost.  | ny, giving stating the (C) NTRIBUTING ED TO THE   |  |   |  |
| rise to the obove cause (A) s UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.   | ONTRIBUTING ED TO THE   | [20A. AUTOPSY? (Yes or No)]  | 20B. IF YES, WERE   | FINDINGS CONSIDERED  |
| rise to the obove cause (A) s UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.   | ONTRIBUTING ED TO THE   | 20A. AUTOPSY? (Yes or No)  | 208. IF YES, WERE<br>IN CERTIFYING CA   | FINDINGS CONSIDERED USES OF DEATH?   |
| TISE to the obove couse (A) S UNDERLYING CONDITION IOSI.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDI   | ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  RMED  |  | IN CERTIFYING CA  | USES OF DEATH?   |
| TISE TO THE OBOVE COUSE (A) S  UNDERLYING CONDITION TO SI.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF   | ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street,  | in ar about 21 C. WHERE DID affice bidg., INJURY OCCUR?  | IN CERTIFYING CA  | FINDINGS CONSIDERED USES OF DEATH?  3 City, giva exact locotion)   |
| TISE to the obove couse (A) S UNDERLYING CONDITION Iosi.  II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 1 CAUSE OF  | ITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g.,  | in ar about 21 C. WHERE DID  | IN CERTIFYING CA  | USES OF DEATH?   |
| TISE to the obove cause (A) S UNDERLYING CONDITION (ast.)  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDI WAS PERFO  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  | ITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)   | in at about 21 C. WHERE DID affice bldg., INJURY OCCUR?  | IN CERTIFYING CA  | USES OF DEATH?   |
| TISE to the obove couse (A) S UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITIONS OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  21A. ACCIDENT WAS UNDERLYING DEATH (notify medical exominer)  | ITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Haur) 21E. INJURY OCCURRED  | in at about 21 C. WHERE DID affice bldg., INJURY OCCUR?  | IN CERTIFYING CA  | USES OF DEATH?   |
| TISE to the obove cause (A) S UNDERLYING CONDITION (ast.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDI WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  | ITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)   | in ar about 21C. WHERE DID affice bldg., INJURY OCCUR?   | IN CERTIFYING CA  | USES OF DEATH?   |
| TISE to the obove cause (A) S UNDERLYING CONDITION (ost.)   | ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  PARED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Haur)  While At Not Will Work  Not Will At Work   | in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?  | (If in Boltimore  | USES OF DEATH?   |
| TISE to the obove cause (A) S UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION OR CONTRIBUTING CAUSE OF DEATH (notily medical exominer)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical exominer)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (*his hospital)  | ITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Haur)  21E. INJURY OCCURRED  While At   | in ar about 21C. WHERE DID affice bldg., INJURY OCCUR?   | IN CERTIFYING CA  (If in Boltimore RY OCCUR?  | USES OF DEATH?  City, give exact locotion)   |
| TISE to the obove cause (A) S UNDERLYING CONDITION (ost.)   | ITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Haur)  21E. INJURY OCCURRED  While At   | in ar about 21C. WHERE DID affice bldg., INJURY OCCUR?   | IN CERTIFYING CA  (If in Boltimore RY OCCUR?  | USES OF DEATH?  City, give exact locotion)   |
| rise to the obove cause (A) s UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATION DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical exominer)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (*his hespital) that (I) (*we) last saw the deceased   | pry, giving stoling the (C)   | in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?  21F. HOW DID INJURY NOT INJURY  | IN CERTIFYING CA  (If in Boltimore RY OCCUR?  | USES OF DEATH?  S City, give exact locotion)   |
| NOTE TO THE OBOVE COUSE (A) SUNDERLYING CONDITION (ost.)  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATION DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFOUNDED.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (*his hospital) that (I) (we) last saw the deceased and haur and from the causes state.  | pry, giving stoling the (C)   | in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?  21F. HOW DID INJURY NOT INJURY  | IN CERTIFYING CA  (If in Boltimore RY OCCUR?  | USES OF DEATH?  City, give exact locofien)  19   |
| rise to the obove cause (A) s UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATIVE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. CONDITION WAS PERFO  21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (notily medical exominer)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (*his hespital) that (I) (*we) last saw the deceased   | ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  PRIMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Haur)  21E. INJURY OCCURRED  While AI Not Will Work  attended the deceased fram  alive an alive an alive (did not)   | in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?  21F. HOW DID INJURY OF A DID INJURY O | IN CERTIFYING CA  (If in Boltimore  RY OCCUR?  (If in Boltimore  RY OCCUR?                              | USES OF DEATH?  S City, give exact locotion)   |
| NOTE TO THE OBOVE COUSE (A) SUNDERLYING CONDITION (ost.)  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATION DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFOUNDED.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (*his hospital) that (I) (we) last saw the deceased and haur and from the causes state.  | PARTIEUTING ED TO THE  ITION FOR WHICH OPERATION  PRIMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURED  While At Not Will Work  attended the deceased fram  alive an Add abave. (1) (Worldish) (did nat)   | in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19  | IN CERTIFYING CA  (If in Boltimore RY OCCUR?  | USES OF DEATH?  City, give exact locofien)  19   |
| NOTE TO THE DEATH BUT NOT RELATING TO THE DEATH BUT NOT RELATING DEATH BUT NOT RELATING DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19R. CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (*his hospital) that (I) (*we) last saw the deceased and hayr and fram the causes states and hayr and fram the causes states and hayr and fram the causes states are caused to the cause of the causes states are caused to the cause of the causes states are caused to the cause of | PARTIEUTING ED TO THE  ITION FOR WHICH OPERATION  PRIMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURED  While At Not Will Work  attended the deceased fram  alive an Add abave. (1) (Worldish) (did nat)   | in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19  | IN CERTIFYING CA  (If in Boltimore  RY OCCUR?  (If in Boltimore  RY OCCUR?                              | USES OF DEATH?  City, give exact locofien)  19   |
| rise to the obove cause (A) s UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19R. CONDI WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical exominer)  21D. TIME (Month) (Doy) (Year) (APPROX.)  22. I certify that (I) (*his hespital) that (I) (*we) last saw the deceased and have and from the causes states  23A. SIGNATURE  23C. PHYSICIAN'S (*AME (Type))   | PARTIEUTING ED TO THE  ITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Haur)  21E. INJURY OCCURRED  While AI Not Will Work  attended the deceased fram attended the deceased fram dabave. (1) (Worldid) (did nat)   | in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?  21F. HOW DID INJUING A STATE OF THE PROPERTY OF THE P | IN CERTIFYING CA  | USES OF DEATH?  Death occurred an the second |
| NOTE TO THE OBOVE COUSE (A) SUNDERLYING CONDITION (ost.)  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATING DISABLE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFOUND OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (*his hospital) that (I) (*we*) last saw the deceased and have and from the causes state.   | PARTIEUTING ED TO THE  ITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Haur)  21E. INJURY OCCURRED  While AI Not Will Work  attended the deceased fram attended the deceased fram dabave. (1) (Worldid) (did nat)   | in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?  21F. HOW DID INJUING TO THE PROPERTY OF THE PROPERTY  | IN CERTIFYING CA  | USES OF DEATH?  Death occurred an the second |
| NOTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATION DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITIONS CO TO THE DEATH BUT NOT RELATION DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION CAUSING IT.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21D. TIME (Month) (Doy) (Year)  22. I certify that (I) (*his hospital) that (I) (*we) last saw the deceased and have and fram the causes stated and | PARTIEUTING ED TO THE  ITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Haur)  21E. INJURY OCCURRED  While AI Not Will Work  attended the deceased fram attended the deceased fram dabave. (1) (Worldid) (did nat)   | in or about 21 C. WHERE DID affice bldg., INJURY OCCUR?  21F. HOW DID INJURY OF A COUNTY O | IN CERTIFYING CA  (If in Boltimore  RY OCCUR?  (In (my) (our) opi  off                                  | USES OF DEATH?  Death occurred an the second |
| rise to the obove cause (A) s UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDI WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical exominet)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (*his hospital) that (I) (*we) last saw the deceased and have and from the causes state.  23A SIGNATURE  23C. PHYSICIAM'S NAME (Type)  JOHN G. Orth  4A. BURIAL CREMATION, REMOVAL (Specily)  | TION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURED  White At Not Will Work  attended the deceased fram  alive an Adabave. (1) (Worldist) (did nat)  M.D. April 124C. NAME of CEMETERY of C   | in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19  | IN CERTIFYING CA  (If in Boltimore  RY OCCUR?  (If in Boltimore  RY OCCUR?  (If in Boltimore  RY OCCUR? | USES OF DEATH?  19 19 19 19 19 19 19 19 19 19 19 19 19 1   |
| rise to the obove cause (A) s UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. CONDITIONS CO OR CONTRIBUTING   CAUSE OF DEATH (notily medical exominet)  21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (notily medical exominet)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (*his hospital) that (I) (*we) last saw the deceased and have and from the causes state: 23A SIGNATURE  23C. PHYSICIAN'S NAME (Type)  John G. Orth  4A. BURIAL CREMATION, REMOVAL (Specily) DUTIAL   | PARTIEUTING ED TO THE  ITION FOR WHICH OPERATION  PRINCE  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Haur)  21E. INJURY OCCURRED  While AI Not Way Work  attended the deceased fram alive an Alive and Alive an Alive and Alive an Alive and Alive | in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19  | IN CERTIFYING CA  (If in Boltimore  RY OCCUR?  (In (my) (our) opi  off                                  | USES OF DEATH?  19 19 19 19 19 19 19 19 19 19 19 19 19 1   |

Ullrich uneral Home, Baltimore, Md. 9 6



| ICAL EXAMINER'S CERTIF | ICATE OF DEAT | H Registered No. | 8995 |
|------------------------|---------------|------------------|------|
|------------------------|---------------|------------------|------|

| M.E. CASE NO.              |   |                |  |                    |   |   |
|----------------------------|---|----------------|--|--------------------|---|---|
| NAME OF DEC                | CEASED  |                |  |                    | 2. DATE AND HOUR PRONOUN                | CED DEAD                                |
| Type o'GEORG               | E   | Ε.             | MARBUF                                   | GER                | September 15,                           | 1967   8:00 P.                          |
| PLACE IN BALT              | TIMORE, MARYLAND, W   | HERE PRONOL    | INCED DEAD                               | 4. USUAL RESID     | ENCE (Where deceased lived, If in B. CO | stitution: residence before admission)  |
| FULL NAME OF               | (IF NOT IN HOSPIT   | AL OR INSTITU  | THON, GIVE STREET                        |                    | WN (If autside corporate limits, wri    | te RURAL and give township)             |
| NOTITUTION                 |   |                |  | Ivylar             | nd //                                   | 2/                                      |
| Johns H                    | lopkins Hospi   | tal (DOA       | .)                                       |                    | PRESS (If rural, give location)         | -05                                     |
|                            |   |                |  | Box 1              |   | aymore Road                             |
| SEX                        | 6. RACE   | 7. MARRIED,    | NEVER MARRIED                            | 8. DATE OF BIRT    | H 9. AGE (In years                      |   |
| Male                       | White   | WIDOWED        | TYPE CED (specify)                       | Feb 6 19           | ost birthday 36                         | Manths, Days, Haurs, Min.               |
|                            | UPATION (Give kind of wor<br>working life, even if retired) | Photog         | rapher                                   | Phila              |   | 12. CITIZEN OF WHAT COUNTRY?            |
| B. FATHER'S NAN            | eo Marburger  |                |  | Clara M            |   |   |
|                            | D EVER IN U.S. ARMED  |                | 16. SOCIAL                               | 17. INFORM ANT     |   | ADDRESS                                 |
| s, no or unknown           | (If yes, give wor or date                                   | es of service) | 202 22 2082                              | Dolores            | Marburger 3 Trays                       | ore Road                                |
| 1B. 1- 0                   | 16 4.   |                | 1  | OF DEATH           |   | INTERVAL BETWEEN                        |
| DISEA                      | SE OR CONDITION D   | PECTLY         |  |                    |   | ONSET AND DEATH                         |
|                            | LEADING TO DEATH  | 1              | (A) Multi                                | ple Injur          | ies                                     |   |
| heort foilure              | nat mean the made of<br>, osthenio, etc. It meons           | dying, e.g.,   | DUE TO                                   |                    |   |   |
| injury or cor              | mplication which caused                                     | deoth.)        |  |                    |   |   |
| A                          | ANTECEDENT CAUSE  | S              | 101                                      |                    |   |   |
|                            | OR CONDITIONS, IF A   |                | DUE TO                                   | **************     |   | ••••••••••                              |
|                            | NG CONDITION LAST.  | TATING THE     |  |                    |   |   |
| 5                          |   |                | (C)                                      |                    |   | *************************************** |
|                            | II NIFICANT CONDITIONS DEATH BUT NOT RE                     |                |  |                    |   |   |
| DISEASE O                  | R CONDITION CAUSING   | G IT.          |  |                    |   |   |
| DATE OF                    | OPERATION 198, CON  |                | WHICH OPERATION                          |                    | (? (Yes or No) 208, IF YES, WERE F      | JSES OF DEATH?                          |
| 21 A. EXTERNA              | L CAUSE WAS   | 21 R           | PLACE OF INITIRY (a.g.                   | Ye                 | WHERE DID (If in Bultimore City         | Yes                                     |
| J .                        | OR CONTRIB-   | home<br>etc.)  | Street                                   | ffice bldg., INJUR | Middle Rive<br>of Clover Av             | er Road - Essex, Mc                     |
| 21D TIME<br>OF INJURY      | (Manth) (Doy) (Yea  | r) (Hour) 2    | E. INJURY OCCURRED                       |                    |   | oj. operator of                         |
|                            | 9/15/67 7:19  | P              | HILE AT NOT                              | WHILE X ca         | r - involved in he                      |   |
| 22.                        |   |                |  |                    |   |   |
|                            |   | nquiry         |  |                    | d that on this basis, death in          | my apinion                              |
| resul                      | ted from: Natural co  | usesA          | ccident Suicid                           | e Homic            | ide Undetermined mon                    | ner                                     |
| ACTUA                      |   | ah (           | 200                                      | A CCICTANT M       | EDICAL EXAMINER X                       | DATE SIGNED                             |
| SIGNAT<br>EXAMIN<br>NAME ( | ER'S Werner   | U. apit        | z, M.D.                                  |                    | MEDICAL EXAMINER                        | 9/16/67                                 |
| BA, BURIAL CRE             | MATION, 238 DATE  |                | C. NAME of CEMETERY of<br>Whitemarsh Mer |                    | Prospectville                           | y, tawn, or county) (State)             |
| 4A. DATE REC'D             | SEP 20 1967   | 19             | OF REGISTRAR                             |                    | ch Funeral Home 42                      | ADDRESS                                 |
|                            |   | 10000          |  |                    |   |   |
| 'S 151-REV. 1/1/           | 65 h  | 1 1 0          |  | 1 7 1              |   |   |

| 161                                      | h/ 8996  | CITY HEALTH DEPARTMENT   | 67 8996                                 |
|--|--|--|---|
|  | M.E. CASE NO.  | CATE OF DEATH Registered No.   | 01 0000                                 |
| Deceased<br>e on the<br>ath. Such        | T, NAME OF DECEASED AKA WILLIAM THOMAS CRAWF   | Zi DAIL AND HOOK OF DEATH  |   |
| 90 G                                     | WILLIAM NORMAN CRAWFORD 3. PLACE OF DEATH IN PALTIMORE MARYLAND  | 4. USUAL RESIDENCE (Where deceased lived, Winsi  |   |
| D (eat                                   | CHRIBICATE AMENUED   | A, STATE B. COUNTY   |   |
| 20 20                                    | FULL NAME OF (If not in hospital or institution, give street 10-5-6  | 7 C. CITY OR TOWN (If outside city limits, write RL  | URAL and give township)                 |
| tend<br>to                               | THE UNION MEMORIAL HOSPITA   | BAHIMORE   | 267                                     |
| att ioi                                  | 33-0+ CALVERT ST8,   | D. STREET AODRESS (If rurol, give location)  |   |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0    | 5. SEX 16. RACE TO, MARRIED, NEVER MARRIED   | 8, DATE OF BIRTH 19. AGE (In years   | 1/ 11 1 1 V 1/ 11 1- 6                  |
| regular<br>regular<br>sased p<br>is made | WIDOWED, DIVORCED (specify)  | 11-11-87 [lost birthdoy]   | Months Ooys Hours                       |
|  | IOA, USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INOU  |  | 12, CITIZEN OF                          |
| der<br>ion                               | done during most of working life, even if retired) BETHLEHAM STEEL   | Manul ada  | WHAT COUNTRY?                           |
| 9 9                                      | 13. FATHERS NAME   | 14. MOTHER'S MAIOEN NAME   | U.S.A                                   |
| th<br>spe                                | William Thomas CrawFORD  | EL = ARETH ALREA   | 10                                      |
| 0_                                       | 15, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL  | ELIZABETH AIAMON   | ADORESS                                 |
| na<br>na                                 |  | MA MAS MASSAGET Cra  | 1/15000                                 |
| dan                                      | 18. CAUS   | E OF DEATH   | INTERVAL BETWEEN                        |
| Q G                                      | DISEASE OR CONDITION DIRECTLY  | (Anti)   | ONSET AND DEAT                          |
| E  | LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO   | YOGARDIAL INFARITION   |   |
| pa                                       | heart failure, asthenia, etc. It means the disease,  |  |   |
| 3  | ANTECEDENT CAUSES (B)  | DRONARY THROM ROSIS  | *************************************** |
| 9  | DISEASES OR CONDITIONS, if any, giving   |  |   |
| S C                                      | rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION tost.   | THEROSCIEROSIS   |   |
| 9  | _ 11   |  |   |
| E  | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   | AA-11 - A MONE   |   |
| 9  |  | Strily partially, HCUQ EMALSEM [M. AUJOPSY? (Yes & No.)] 208. IF YES, WERE FI  | INDINGS CONSIDERED                      |
| e +                                      | 198. CONDITION FOR WHICH FRATION WAS PERFORMED   | NO IN CERTIFYING CAU   | SES OF OEATH?                           |
| 10                                       | OR CONTRIBUTING CAUSE OF home form foctory stree   | g, in or obout 21 C. WHERE DID (If in Bollimore ), office bldg., INJURY OCCUR?   | City, give exact location)              |
|  | DEATH (notify medical examine) etc.)   | A MADE SHOW THE RESIDENCE OF THE PARTY OF TH |   |
| D 0 0                                    | 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY   | 21F. HOW DID INJURY OCCUR?   |   |
| 6  | (APPROX.)  |  |   |
| obta                                     | 22. I certify that (A) (this haspital) attended the deceased fram  | SEPTEMBER 7, 19 67 10 SEPT   | EMBEL 17 19 6                           |
| st be                                    | that (1) (a) last saw the deceased alive an SEPTEME  | opinion opinion opinion opinion opinion  | ian death occurred an th                |
| ust                                      | and haur and fram the causes stated above. (1) ( ) (did) (   |  | 238, DATE SIGNED                        |
|  | 1.1 10 - 11 0 01 M.O.  | Attending Med. Stoff   | O A A                                   |
|  | Biggirms on the specier - Strong   | Phys. Director Phys.   | sopeniente,                             |
|  | William H. Spencer-Strong  | union Memorial Hospit  | al                                      |
|  | 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF  |  | y, lown, or county) (S                  |
|  | REMOVAL (Specifi)  | 2 m. B.17  |   |
|  | 25A. DATE REC'D BY HEALTH DET. 258. NAME OF REGISTRAR  | 25C. FUNERAL DIRECTOR  | ADDRESS                                 |
|  | CED O OPET DO FO FORM  | Ulling French Home   | 4210 Bel                                |
| 11                                       | VE 150 DEV 10 ALL CIT TOO TO THE PARTY OF TH |  |   |

177 A STEWNED

HE UNION MEMORIAL HOSPITAL BALLIADRE

CATHORNE, MARylano 21218 4256 Nicholas AVENUE

> 18-11-11 MALE CAUCASIAN MARRIED

1224 400874123 MARYLAND いまかれるからかんろいろ V.2.1

William Thomas CrawFeRD ELIZABETH DIAMOND

212-07-41314 Mrs. MAPSAGET CLAWFORD No

MYCCHROIAL INFRACTION

CORCEANRY THROPRECLIS

MITHER OSCIERO SIS

Benga Protecting attended, Heard Explaneres

67 SEPTEMBER P SEATERNOOF, 7 SEPTEMBER 17 67

Whiteness H. Spencer - Strang

Esperly 18,00

| C-554<br>RETH NO. 67 8  |   | HEALTH DEPARTMENT             | \/   | 67 8997                           |
|---|---|-------------------------------|--|-----------------------------------|
| DIRITI NO.  | CERTIFICA   | TE OF DEATH                   | Registered Na                                    | 01 0931                           |
| M.E. CASE NO.  1. NAME OF DECEASED  |   |                               | D HOUR OF DEATH                                  |                                   |
| (Type or Print) HELEN M.  | CANTWELL  | Sep.                          | 18,1967  | 5:35 A.                           |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND  |   | 4. USUAL RESIDENCE (Who       | te deceased lived. If institu                    | ution: residence before admission |
| FULL NAME OF (If not in hospital or institut  | tice our street   | MARYLAND                      |  | But to                            |
| HOSPITAL OR oddress or location)  | rion, givo sweet  | C. CITY OR TOWN (If ou        | tside city limits, write RUR                     | AL and give township)             |
|   |   | BALTINORO                     |  | 53-00                             |
| BON SECOUR HOSPITAL   | •   | D. STREET ADDRESS (If         | rurol, give location)                            |                                   |
| 34  |   | 5 RIDGE                       | RJ. 212  | 28                                |
|   | RIED, NEVER MARRIED   |                               | 9. AGE (In yours                                 | f Under 1 Yr. If Under 24 Hr.     |
| FEMALE WHITE NEW  | OWED, DIVORCED (specify) VER MARRIED                            | 9/27/91                       | lost birthdoy!                                   | ionms! Doys Hours! Min.           |
| OA. USUAL OCCUPATION (Give kind of work 10 B. KIN   | D OF BUSINESS OR INDUSTRY                                       | 11. BIRTHPLACE (Stole of fore | ign country)                                     | 2. CITIZEN OF                     |
| done during most of working life, even if retired)  |   | BALTIMORE,                    | MD   | WHAT COUNTRY?                     |
| RETIRED, ??   |   | 14. MOTHER'S MAIDEN NA        |  | 0.3.00.                           |
| OWEN J. CANTWELL  |   | 12                            |  |                                   |
| 0   |   | Natherine CHA                 | MBERS  |                                   |
| 5. Was Deceased Ever in U. S. Armed Forcos?<br>Yos, no or unknown) (If yes, give wor or dotos of serv | 1 6. SOCIAL<br>SECURITY NO.                                     | 17: INFORMANT                 |  | ADDRESS                           |
| No -  | 216-010-841   | CHAR                          | T.   |                                   |
| 18. 4 0 9 1   | CAUSE OI  | F DEATH                       |  | INTERVAL BETWEEN                  |
| DISEASE OR CONDITION DIRECTLY   |   |                               |  | ONSET AND DEATH                   |
| LEADING TO DEATH  | (A) Cart  | enos clerosis                 | ardio vaneuler                                   | years.                            |
| (This does not meen the mode of dying, heart failure, asthenia, etc. It means the dise                | e.g., DUE TO  | eris elevosis Co              | # 00 00 \$10000 a a tábana ana naannanauvu um 64 |                                   |
| injury or complication which coused death.)   | ,   |                               |  |                                   |
| ANTECEDENT CAUSES   | (B)   |                               |  |                                   |
| DISEASES OR CONDITIONS, if ony, gi  | iving   |                               |  |                                   |
| rise to the obove couse (A) stoting UNDERLYING CONDITION lost.  | the (C)   |                               |  |                                   |
|   |   |                               |  |                                   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBL   | JTING   |                               |  |                                   |
| TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.                                      | THE   |                               |  |                                   |
| 19A. DATE OF OPERATION 19B. CONDITION F   | FOR WHICH OPERATION   | 20 A. AUTOPSY? (Yes or No     | 20B. IF YES, WERE FINE                           | DINGS CONSIDERED                  |
| WAS PERFORMED   |   | NO                            | IN CERTIFYING CAUSE                              | S OF DEATH?                       |
| OR CONTRIBUTING CAUSE OF  | 218. PLACE OF INJURY (e.g., in homo, form, foctory, street, off | or obout 21C. WHERE DID       | (If in Boltimore Ci                              | ty, give exact facation)          |
| DEATH (notify medical examiner)   | etc.)   | ince bidg., INJURI OCCUR!     |  |                                   |
| O 21D. TIME (Month) (Day) (Year) (Hour)   | 21 E. INJURY OCCURRED   | 21F. HOW DID INJ              | URY OCCUR?                                       |                                   |
| S OF INJURY   | While At Not While  |                               |  |                                   |
|   | Work At Work  |                               |  |                                   |
| 22. I certify that (I) (this haspital) attend   | led the deceased from Se  | p. 16                         | 1967 to Sep                                      | 18 1967                           |
| that (1) (we) last saw the deceased olive   | an Sep 17   | 19 <u>67</u> and th           | at in(my) (aur) apinla                           | n death occurred an the da        |
| and haur and from the causes stated abov  |   |                               |  |                                   |
| 23A. SIGNATURE  |   |                               | 23   | B. DATE SIGNED                    |
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| ON 1249 DATE  | IVI. U.   |                               |  |                                   |
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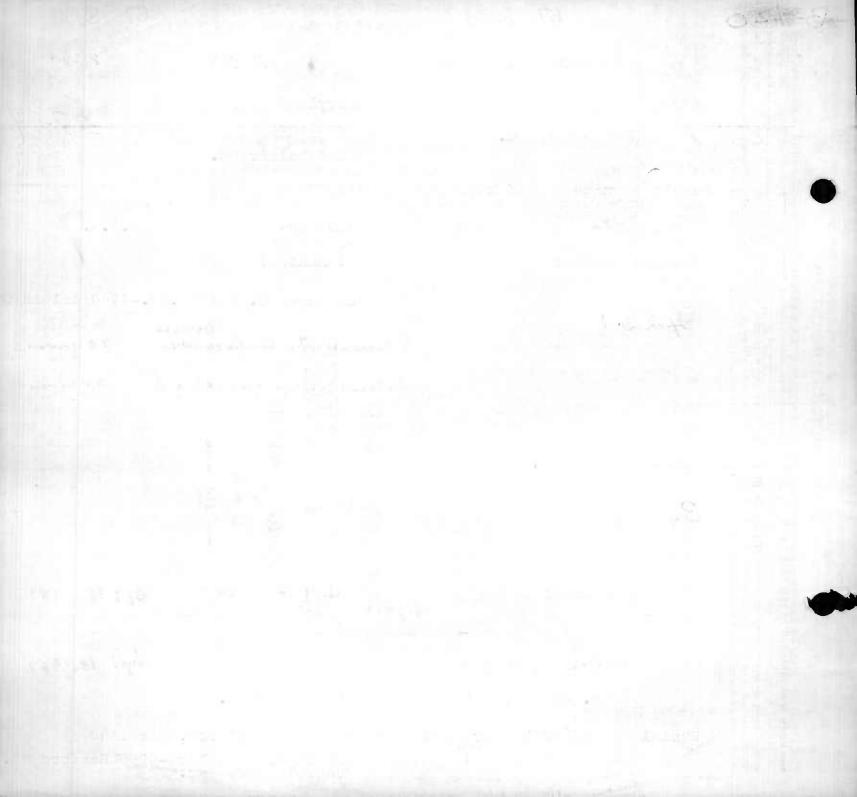
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